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ABSTRACT

The fifth manual in this series of Head Start Training manuals contains descriptions of eight workshop modules on (1) designing a learning climate, (2) helping parents become motivated, (3) dealing with reluctance and resistance in adults, (4) planning, conducting, and evaluating study trips, (5) increasing involvement of parents, (6) helping parents make the transition from Head Start to public school, (7) recognizing childhood diseases and caring for sick children, and (8) improving financial management. Most of the descriptions contain an overview of the subject, an agenda, a list of materials needed, and the procedure for presenting the workshops. Handouts and graphs for visual aids are also included. (PCB)

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TRAINING MANUAL FOR LOCAL HEAD START STAFF

Part V

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HEAD START RESOURCE AND TRAINING CENTER

Each manual is equipped with workshop modules for Head Start coordinators to use for inservice training. Workshop modules contain sample agendas, directions for group activities, games, mini-lectures, handouts, and references.

TRAINING MANUAL
FOR
LOCAL HEAD START STAFF
PART V

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DESIGNING A LEARNING CLIMATE

by Darlynn Mabon

LEARNING CLIMATE IS ESSENTIAL FOR SUCCESSFUL TRAINING

All the world's a stage
And all the men and women merely players.
They have their exits and their entrances,
And one man in his time plays many parts . . .

--Shakespeare

Successful theatrical productions merge the worlds of entertainment and content. The successful playwright can move an audience to new levels of understanding by using the play as the medium for the message. Training or learning events can also be successful if enough planning has occurred to interweave learning with enjoyment. You can heighten a trainee's comprehension and skills by presenting the content within a framework that encourages respect, freedom of expression and curiosity. These elements support the adult learner by presenting learning experiences that are **meaningful and at the same time enjoyable.**

Have you ever thought about the learning event or seminar that you last conducted as a theatrical production? Take a few minutes to recall your last training event. Were you conscious of the learning environment? Did you preplan for the environment so that it was conducive to learning? Malcolm S. Knowles states that the learning environment is characterized by:

- physical comfort
- mutual trust and respect
- mutual helpfulness
- freedom of expression
- acceptance of differences

The interweaving of the learning environment from the beginning of the production to the end can ensure greater success for the learner.(1) You can compare the various responsibilities of people involved in the production of a play with those of the people involved in developing and delivering a training activity.

As you have guessed, the learning climate does not establish itself. Planning for the learning climate is just as important, if not more important, than planning for the specific activities of the learning event. The learning event "usually evolves in two ways: through the initial activities built into the learning design and through the trainer's words and actions."(2)

There are seven areas of comparison between a theatrical production and the training event that can be illustrated. Those

areas are:

THEATRICAL PRODUCTION	TRAINING EVENT
Financial Backers	The Organization
Stage Manager	Designers of the Training
Prompter	Designers of the Training
Director	Person Responsible for over-seeing the Training
Actor	Trainer(s)
Promoter	Co-Trainer and/or Participants
Critic	Organization, Trainer, Participants

These responsibilities may be assumed by one person or a group of people. Each function has specific roles that must be fulfilled to ensure that a climate is established that supports learning and skill acquisition. Let's take a look at each role and see how the responsibility for establishing and maintaining the learning climate is fulfilled.

FINANCIAL BACKERS

Prior to any planning for the production of a play, interested parties must be willing to provide the financial support for the production. The investment of money implies that there is faith in the play and that it will be a success. The Organization, in this case the Head Start grantee, must be willing to invest time and money in the training event. The ultimate purpose of training is to meet the organizational goals and objectives. "The way training does this is by producing--or setting the stage for--a change in individual behavior on the job. As far as job-related training is concerned, 'transfer of learning' from the training event to the actual working situation is not just an issue, it's the issue."(3) This commitment should ensure that the training event is important for the benefit of the program. But does it?

The Organization is made up of people with a wide variety of wants and needs. The Administration will make or break the climate for learning early in the planning stages. For example, if the training is viewed as a necessary evil due to changes in federal regulations or program policy changes, that attitude will be conveyed to the participants. Also, if the Central staff attend training and sit in the back of the room talking among themselves, the participants may receive the message that the training is not very important. The audience, or the participants, may be turned off right from the beginning. Organizational support is more than just committing money to the training event. Organizational support means:

- appropriate needs assessments have been conducted to determine the need for the training and the "right" people are attending
- central staff that attend must participate and offer support to the training event
- training is well planned and supports the individual's growth and development as well as the organization's goals and objectives
- staff meetings are called meetings and not training
- participants are able to use new skills and knowledge when they return to the job and the organization will encourage and support the performance changes

The organization's working relationship with its personnel will be directly reflected in the learning climate. If trust and mutual respect have been established, then the first roadblock to learning is avoided. On the other hand, if participants moan about attending training, it is necessary to work on the organizational climate before any training event can be successful.

The next six roles: promoter, director, stage manager, actor, prompter, and critic may be filled by one person or a group that has the responsibility for planning, conducting, and evaluating training. For purposes of this manual, an individual will assume the responsibility for establishing the learning climate. This position is titled "Learning Specialist." The learning specialist may be any of the Head Start coordinators, the director, or a committee within the program. The learning specialist has the responsibility for the success of the training that is conducted within the program. You might be the "learning specialist" within your program. By exploring each role, you can begin to plan for the establishment and maintenance of the learning climate.

PROMOTER

The promoter is critical to the production of a play. He /she gathers initial support for the production and solicits continued support for the duration of the play. Without him, the production would never occur. Promotion encompasses a variety of activities. In the same way, the learning specialist must ensure that a wide variety of activities will support a positive learning climate. The learning climate not only includes the physical structure but it also incorporates all of the forms, techniques, devices, and methods used during the training event. How the organization views the learning activity enhances or destroys the learning environment. No matter what type of organization,it is a social society with rules and regulations. Everything the organization does reflects its attitude toward the personnel it employs. "The climate of an organization is, in essence, a reflection of its members; attitudes toward various aspects of work, supervision, companyprocedures, goals and objectives, and membership in the organization. These attitudes are learned; they are a product of the members' experiences both within and outside the work environment."(4) To promote the learning activity, the learning specialist must be aware of the way in which the organization perceives training. The approach to gain support for an activity will depend on the learning specialist's ability to promote the activity within the boundaries established by the organization.

An experienced promoter will know where to develop support for certain activities and how to proceed to gain that support. Before any of the other people involved in the production can begin, there must be support for the completion of the production. Are you aware of the various techniques that must be used within your organization to promote a training activity? What types of training have been offered in the past? Who are the key people that must be "sold" on the training? Completing a training design that has not been approved and supported by the management is of little use.

The promoter must also encourage participant support for the training event. Making everyone attend only creates a climate of hostility and a "see if you can teach me anything" attitude. Encouraging participant support well in advance of the training event will help to ensure a successful training. If participants have an opportunity to identify their own training needs, the promoter can point out how the event will meet those needs. Immediately a climate of trust and support is established. This climate will carry over to the actual event.

The promoter continues to encourage the participation of management and the potential trainees throughout the planning and the developing phases of the training activity. In addition, the promoter must also help to establish a receptive atmosphere for using the new skill back on the job. If the participants are unable or unwilling to use the training in a "real" situation, then everyone's time and money has been wasted. All of these activities help to "set the stage" for new behavior by creating an environment that is conducive to learning. The promoter has the responsibility to encourage and to support the participants throughout all phases of the training activity.

DIRECTOR

The director is responsible for the orchestration of methods, materials, group interaction, and physical environment. The director has the overall responsibility of ensuring that all elements of the production are working as a unit. Each separate part becomes part of the whole. The learning specialist also incorporates all of the parts into a total learning activity. Within this structure is the freedom to be creative and innovative toward designing appropriate learning activities. "The key to learning is engagement--a relationship between the learner, the task or subject matter, the environment, and the teacher. Some of the factors within this relationship are already established by the nature and experiences of the learner, but many of the factors are not fixed in any way; they can be modified and improved with planning and practice."(5) This is the responsibility of the director. The director makes the decisions concerning how each of the pieces fits into the whole. Different productions using the same content, with different directors, will not resemble each other. In the same way, the learning specialist designs training activities that mesh with the content and with the participants. The learning specialist must ensure that the total learning experience is planned and presented in such a way that the learner gains the most benefit. Several suggestions that will help the learning specialist to become the "director" of learning events:

- Appropriate methods and materials must be selected to fit the goals and objectives. For instance, a lecturette does not increase a participant's skills. It would be more appropriate to demonstrate the skill and provide an opportunity for the

participant to practice using the skill during the training session. Audiovisuals should be used to enhance the content, not simply selected as a "change of pace" activity.

- The person actually conducting the training event must be clear about the purpose of the training. Enough information must be provided to the person conducting the training to ensure that the right material will be presented. Beware of buying the "package" if there is inappropriate content or inaccurate information. Direct specific instructions must be provided for the trainer. A workshop titled "Parent Involvement" could cover a wide variety of topics. If the intent is to provide basic 70.2 training, say it. The trainer also needs to know the time frame and the number of participants.

- Other staff persons are responsible for various elements of the learning event (i.e. refreshments, audiovisuals, etc), must know the task and the time frame. Checking back with them is important. Asking specific questions about the meeting is equally important:

    - Has the meeting room been reserved?
    - Is coffee arriving at 10 a.m.?
    - Is lunch provided? etc...

STAGE MANAGER

The stage manager is responsible for the physical comfort of both actors and of the audience. It is also the stage manager's responsibility to ensure that all the props are in place for each act. Likewise the learning specialist must take the responsibility for these elements in a training situation. The personalities of the learning specialist and the participant, the physical setting, the size and shape of the room, and the lighting all impinge on the establishment of a conducive learning climate. People respond to different temperatures and to the color of the room. Although there is a lack of sufficient research data, studies are attempting to link weather and barometric pressure to the adult's ability to learn. These factors can inhibit the adult's ability to pay attention and to process the learning that is occurring. The learning specialist must have firsthand knowledge about the physical setting for the learning event. The kinds of activities that are planned are limited by the physical structure of the room. For example, if chairs are fixed, then designing training that requires moving of those chairs would not be appropriate. If trainees must sit on child-size chairs, then movement activities and more breaks should be built into the design. Methods and materials should be selected with their relationship to the content and need. Methods and materials should be conducive to the type of physical setting that is available for the learning activity.

Props are also important to the learning event. Tangible props would include:

- flip chart stands/paper
- felt markers
- tape
- scissors
- 3 x 5 cards
- extention cords and adapters

These items should always be prepacked in the learning specialist's bag. Then, these items will be at hand and on-site. Audiovisuals are also part of the props. There are certain rules that govern the use of audiovisuals. They should be carefully integrated into the learning process to ensure that a purpose is met rather than introduced to break up other methods that are utilized. Two important points about the use of audio- visuals:

1. know how to work the equipment

2. always carry a spare bulb

3. always carry an extension cord

The learning environment should be arranged in such a way that the participants are in the presence of as many pleasant conditions as possible and as few as possible unpleasant ones. Helping the adult to adjust to both the physical and the emotional changes will reduce tension and increase the productivity of the training.(6) Learning can be stimulated or blocked by the environment. The stage manager's awareness of these factors and how they relate to the overall production of the learning activity can enhance the quality of the total learning.

ACTOR

The actor establishes a peer relationship with other actors in the production and exchanges and gains recognition through the particular role. The actor also is responsible for establishing a relationship with the audience. These skills not only help to convey the subject of the play but can also draw the audience into the play. Successful plays have as one element the dimension of actors and audiences moving as one towards the conclusion. If there are other learning specialists involved in the activity, it is critical to have established a peer relationship with them. The addition of other trainers must flow from one act to another and be sequenced in a way that the total production moves in a smooth fashion. If others are added without a lot of pre-planning, the total environment can be affected. Whether or not the total group is moving towards the final act is contingent upon the relationship established between all of the actors. The actor also serves as a distributor of knowledge by giving the audience the necessary history and insight into the plan. The learning specialist prepares in advance the process that will directly impact on the learning environment. "In a favorable learning climate, the trainees are induced to pay attention and to take responsibility for learnings. A favorable learning climate maximizes learning by:

- offering the trainees a reason to learn
- preparing them for the content of the training
- developing their trust in the instructor."(7) The actor helps to establish the learning climate.
- Prepare a detailed agenda of the activities including written goals and objectives. At the beginning of the session, review the agenda to prepare the participants for what is ahead. The agenda serves as the playbill for the training

event. Participants are aware of what to expect and the amount of time the activities will take.

- Set the "house" rules. This identifies the rules of conduct during the session. For example, telling participants about smoking or no smoking at the beginning will eliminate negative responses. These "house" rules enable the individual to adjust to the learning event and feel comfortable with the training procedures. It is important that adults know beforehand what is acceptable behavior.

- Provide a warm-up actitivy which helps to establish the climate for learning. Some warm-ups are purely fun, others have specific objectives that relate directly to the content. Whichever is used, clear and concise reasons for the warm-up must be given. These suggestions will help both the learning specialist and the participants to understand where the event is heading and that there will be a conclusion.

PROMPTER

Part of the prompter's responsibility is to assist the actor by suggesting cues for something forgotten or imperfectly learned. Research validates that the more responsibility an individual has for his own learning, the more long-lasting effect the learning will have on his behavior and performance. Using this knowledge, the prompter can cue the learner and provide support and encouragement.

(1) Reviewing the performance of the prompter, can you identify ways in which the prompter cues the learner during the activity? Are open-ended questions asked that encourage an individual to share his/her experiences? Are participants' responses integrated into what the learners already know? Into the new content being presented? Helping the learner to link the learning experience with past experiences or with the "at home" situation will help to bridge the gap between the learning stage and the work stage. This link will strengthen the total learning environment by ensuring that mutual trust, respect and helpfulness are supported. (2) "In most instances in which adults purposefully engage in systematic and sustained learning activities, their intent is to modify performance."(6) The prompter also has a responsibility to provide support and direction. The continued prompting and cueing during the activity encourages the participant to review and perhaps change behaviors that are affecting performance.

CRITIC

The critic plays an important role in the production of a play. The critic reviews and critiques the play and can determine its success or failure. In addition, the critic will offer suggestions for changes that may improve the total production. This feedback can serve a vital service to the play and the individuals involved.

The participants serve as critic by providing feedback on the total learning event. From the promotion stage to the delivery, the participants are in the best possible position to provide specific information concerning the establishment of a learning climate. The learning specialist needs to receive feedback about how the training event was received. The learning specialist also needs to have feedback to determine if the "script" has been fulfilled and if there are changes that need to be made. The trainer's performance needs to be reviewed to determine if his/her training skills need improvement. The critic's role can be played by a variety of people. The organization can review the training to determine if there has been any change in the employees' behavior. Has there been an increase in job performance? If performance has not changed, then management has to determine what corrective actions to take. Both the learning specialist and the organization can fine tune their planning, conducting, and evaluating of training skills.

OPENING NIGHT

Provided all of the roles have been fulfilled and the tasks completed, opening night will be a success. A climate for learning will have been established and the production will have a successful run. The learning environment is a vital part of the total production of a learning activity. Planning and preparing are necessary to ensure that a climate conducive to learning has been established. Just as a play provides an overall effect on the audience, the learning activity from the beginning to the end will leave an impression on the participants. How well each of the parts is developed and then integrated into the whole will either support or subvert the purpose of the learning event.

The learning specialist plays many different roles that lead to the successful completion of a training event. Each role is critical in establishing a creative and exciting learning environment. The increased skill development in each of the roles will support the total impact of the production.

LEARN YOUR PARTS WELL AS "ALL THE WORLD'S A STAGE!"

REFERENCES

1. Knowles, Malcolm S. The Modern Practice of Adult Education. New York: Association Press, 1970, page 52.

2. Margolis, Fredrick H. and Chip R. Bell. Managing the Learning Process. Minneapolis: Training Books, 1984, page 37.

3. Youker, Robert B. "Ten Benefits of Participant Action Planning," Training, June 1985, page 52.

4. McGehee, William and Paul W. Thayer. Training in Business and Industry. New York: John Wiley & Sons, Inc., 1961, page 33.

5. Kidd, J. R. How Adults Learn. New York: Association Press, 1959, page 266.

6. Davis, Larry N. Planning, Conducting, and Evaluating Workshops. Texas: Learning Concepts, 1974, page 223.

7. Donaldson, Les and Edward E. Scannell. Human Resource Development: The New Trainer's Guide. Massachusetts: Addison-Wesley Publishing Company, 1979, page 34.

8. Knox, Alan B. Adult Development and Learning. San Francisco: Jossey-Bass Publishers, 1977, page 29.

MOTIVATION

by Helen Vojna

OVERVIEW

This workshop, designed for approximately 30 people, uses individual, small and large group tasks. Theory is presented using lecturettes. The session is appropriate for those staff persons responsible for working with parents - including social service staff, parent involvement coordinators, home visitors, teachers or "helpers" in general.

Motivation is looked at from the perspective of goals, needs and reinforcements. We often view parents who are uninvolved or "uninterested" in change or growth as lacking in motivation. Rather, this session looks for possible "lacks" in the helping process itself.

The session is approximately three hours in length. The prmary resources used for the session are Egan's The Skilled Helper and Maslow's Motivation and Personality.

LEARNING OBJECTIVES

- To review theory on motivation
- To consider broad life goals as they relate to motivation
- to discuss the principles of reinforcement and how they help/hinder working with families

AGENDA

Introduction-Warm up
Motivation - lecturette
Broad Life Goals Exercise
Behavior Principles
Break
Offering Reinforcement (small group work)
Small Group Reports
Summary/Evaluation

MATERIALS

Flip Chart Paper/Markers
Masking Tape
Handouts #1, #2, #3
Several $1 bills

PROCEDURES

Approximate Time	Activity
15 minutes	Introduce the session objectives and agenda then proceed with the warm-up instructions on page 4.
30 minutes	Present motivation lecturette using key concepts on pages 6 and 7.
20 minutes	Distribute Handout #1, page 16, and follow directions for the Broad Life Goals Exercise on page 8.
10 minutes	Share Goal Clarity and Motivation Chart on Handout #2, page 18, and discuss using key concepts on page 9.
20 minutes	Discuss Behavior Principles using key concepts on pages 10-12.
10 minutes	Time for a Break
30 minutes	Prepare participants for small group activity on offering reinforcements, see instructions and key concepts on page 13.
30 minutes	Small groups report to the total group.
15 minutes	Distribute Handout #3, page 19. Use this handout as a supplement to your Session Summary and Evaluation. See key concepts on page 14.

WARM-UP

The following warm-up is a good beginning to talking about motivation

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MOTIVATION EXERCISE

Objective:

To illustrate that motivation is internal, but that external incentives can initiate action in humans.

Procedure:

Since motivation is an often maligned subject, stress that the dictionary definiton of motivation is something "from within, not without, that prompts or incites an action."

To illustrate, ask the group to "please raise your right hands." Pause a moment, thank the group, and ask them, "Now why did you do that?" The response will be, "Because you asked us to," "Because you said 'please'", etc.

After 3-4 additional responses, say, "OK, now would you please all stand and pick up your chairs?"

In all likelihood, this will get no action. Continue, "If I told you there were some dollar bills scattered around the room under the chairs, would that motivate you to stand and pick up your chairs?" Most still will not move, so say, "Well, let me tell you there are indeed some dollar bills under some chairs." (Ordinarily, two or three participants will rise, and soon most everyone will follow suit. As dollar bills are found, point out, "There's one over here; here's one in front," etc.)

Discussion Questions:

1. Why did it take more effort to "motivate" you the second time?
2. Did the money motivate you? (Stress that money often does not act as a motivator.)
3. What's the only real way to motivate? (Acknowledge any relevant answer, but emphasize the only way to get a person to do something is to make a person want to do it. There is no other way!)

Materials Required:

Several one dollar bills hidden (taped) under participants' chairs.

Approximate Time Required:

10 minutes

Source: Unknown

MOTIVATION

Motivation refers to stimulating someone to act or providing someone (or ourselves) with an incentive. In Head Start we frequently talk about wanting to motivate parents to be involved in the program; or to apply for a job; or to change a particular behavior. We continually search for incentives or to learn what motivates particular individuals to change.

Dr. A.H. Maslow identified "needs" as motivating factors. According to Maslow, our wants are ever expanding. Once basic needs have been satisfied, other needs take their place. To satisfy our needs, we expend energy. However, once a need has been fairly well met, it no longer acts as a motivating force. We then begin to invest energy in the next higher level need. Maslow identified five levels in his hierarchy all of which coexist, overlap and are interdependent.

Self-actualization	Realization of individual potential, creative talents, personal fulfillment
Egoistic Needs	Reputation, respect, self-esteem, recognition, status, need to be needed
Social Needs	Need to associate, belong, interact with others, to be accepted, loved
Safety Needs	Freedom from fear of deprivation, danger, and threat
Physiological Needs	Food, water, air, shelter, rest, exercise, sex

Other factors come into play along with Maslow's Theory of Motivation. Motivation is intentional, voluntary behavior. With it, an individual <u>expects</u> that specific behaviors will lean to the attainment of certain desired incentives. The energy required and expended is selective and directional and oftentimes persistent. An individual also subjectively decides what her chances of success are (usually based on past experiences) before expending the energy. It's like "The Little Engine that Could" saying "I think I can." Similarly, if she thinks she can't, the motivation is decreased considerably. Again, past experience is the influencing factor. Most of our daily behaviors reflect the influence of attitudes, beliefs, and values that we acquired in early childhood. We don't generally go out of our way to learn facts or views contrary to our own.

In Head Start, we, as helpers, are interested in changing behavior: "building self-sufficiency;" assessing and meeting family needs; etc. But we are "helping" individuals who prefer to be the origin of our own behavior and to make our own decisions (based on our own sense of need; our own set of

experiences; and our own conception of our chances for success).

And, as helpers, we ask, "How do we motivate those people who we want to help?" The answer - find the "incentives," the "rewards."

Unfortunately, the reward structure in our society is based on two very powerful determinants - monetary and punishment. With those, society has several types of social controls with which to attempt to influence behavior. Among those are:

- Laws
- Emotional Appeals (based on fear, shame, and guilt)
- Educational Approaches (giving people new facts and information to make expected behavior changes)
- Moral Approaches (looking at the right/wrong of things & thus making an emotional appeal)

Behavior change comes not only from positive reinforcement, but probably equally as much from negative reinforcement. With all of these influences, our job as helpers becomes increasingly more complex. But, the direction is clear - "What are the positive incentives for change?" And, as helpers, how can we stay clear of negative social controls?

We do know that change is more likely if an individual is experiencing self-dissatisfaction or if there is enough physical or psychological pain. We also know that people tend to do things when there are enough "incentives" to do them. They tend not to do things when there are no incentives or when the incentives are not strong enough. People also tend to avoid behaviors for which they are punished. Maslow says, "gratification becomes as important a concept as deprivation."

We are too often prone to blame the parents of Head Start children for failures in the helping process - seeing them as lacking in motivation. Hopefully, this session will offer insights or increase awareness about our role as helpers and about the goals of those we are working with. In addition, it should help us, the helpers, to see "helping" as a "shaping" process in which we guide parents step by gradual step toward more constructive patterns of behavior - and thus, increased self-sufficiency.

BROAD LIFE GOALS EXERCISE

A starting point in looking for incentives might be to consider broad life goals

- what ours, as helpers, are and what a Head Start family member's might be. Distribute Handout #1 and ask participants to complete the survey.

A follow up to this exericse might be to have Head Start parents complete the exercise, stating their own goals as well as what they think the helpers' goals might be. This should provide some insight and interesting discussion points.

Instructions

Have participants complete the handout and have a general, total group discussion about the similarities and differences in rankings. Some follow-up questions you might ask to stimulate discussion include:

- Was your #1 goal the same as the goal you ranked as #1 for the parent?
- Why/Why not?
- Ask several individuals to volunteer to state their #1 goals - were group members' goals similar/different? Why?

This exercise points out differences in goals - even among peers. It possibly can also show how our assumptions about what others' goals are may be inaccurate. The exercise may even demonstrate that we are not as clear as we could be about what our goals are:

Proceed to Goal Clarity and Motivation.

GOAL CLARITY AND MOTIVATION

Distribute Handout #2 and review with the total group the interrelations between goal clarity and motivation.

It was mentioned in the Motivation lecturette that helping to motivate, or to offer direction to others, is a "shaping" process. Proceed with Behavior Principles to expand this theory.

BEHAVIOR PRINCIPLES

Helpers should be familiar with the following key concepts to enhance their ability to "motivate" others.

TOPIC	KEY CONCEPTS TO PRESENT
Shaping	can be broadly defined as a "gradual, step-by-step movement toward a desirable goal in which behavior that leads toward the goal is reinforced and behavior that leads away from the goal is extinguished." (see Bibliography, Egan)
Some of the principles involved in shaping are: (post these on flip chart paper)	- Take parents where they are - don't put demands on parents for which they are not sufficiently prepared. For instance, it requires skill to lead a Policy Council group. Be sure the parent acquires these skills before expecting a smoothly run meeting. - Size of Steps - ordinarily, the steps in a change program can never be too small, but they can be too large. If any step is too large for a parent, help him/her to break it down into a number of smaller steps - Reinforcement - make sure there is sufficent reinforcement or reward for a parent to take any given step. Help parents find the kinds of reinforcement or reward that make sense to them. - Eliminating undesirable behaviors - some behaviors prevent parents from moving toward their goals. Eliminating an undesirable behavior seems to work best

when some competing, desirable behavior is reinforced at the same time. For example, a father might help his child reduce her tantrum - throwing behavior by ignoring it (extinction) and by showing attention to the child (reinforcement) when she is engaged in other, more constructive behaviors.

Motivation and Shaping

Very often deficits in motivation and will power can be traced to poor shaping procedures and a general failure to help parents apply the following principles of behavior.

Reinforcement - The "Central" Behavior Principle

1) REINFORCEMENT - people tend to initiate and repeat behaviors for which they are in some way rewarded (reinforced). This can be:

   a) intrinsic - accomplishing a good day's work
   b) extrinsic - approval from others for sticking to a diet; payment for work done
   c) intrinsic and extrinsic - e.g. a nurse finds helping patients rewarding in itself but is further reinforced by the patients' gratitude and praise from the hospital staff.

Reinforcement is often positive but can also be negative if it takes the form of removal or prevention of something unpleasant.

Principles of Reinforcement-

1. Strengthening behavior - both positive and negative rein-

forcement have the same effect - that is, they tend to maintain and strengthen the behaviors they follow. People tend to repeat behaviors they find rewarding.

2. Individualized Rewards - a reinforcement is not a reward unless it is experienced as such by the person whose behavior is in question. (e.g. Warmth may be a reward to one person and threatening to another.)

3. Strength of rewards - the strength of a reward also depends on how it is experienced by the person receiving it.

4. Undesirable behaviors that are rewarded - even undesirable behaviors that are knowingly or unknowingly reinforced - will tend to be repeated.

5. Intrinsic versus extrinsic rewards - in the long run intrinsic rewards are more effective than extrinsic rewards in maintaining behavior.

6. Immediacy of reward - rewards usually work best when they are not delayed but are given as soon as possible after the behavior is performed.

7. The power of intermittent reinforcement - behavior can be reinforced according to different schedules.

OFFERING REINFORCEMENTS

To assist participants in exploring how they "reinforce" parents and can improve the shaping procedures, divide the group into 6 smaller groups of five (total group size of 30). Assign 2 groups task A, 2 groups task B and 2 groups task C from the list below.

Task A - Brainstorm all the ways that your program and individuals in your program reinforce parents - label the reinforcement as: intrinsic
extrinsic
intrinsic and extrinsic

Also label them as either positive or negative reinforcers.

Task B - Prepare a case study, using the principles of shaping and show how you might help a parent achieve a specific goal (give specific steps/possible time frame).

Task C - Discuss how your program might offer more positive reinforcement to parents (leading toward rewards being more intrinsic).

Allow 30 minutes for small group work and 30 minutes for small groups to report to the total group.

Summarize the small group presentations then proceed to the session summary and evaluation.

Summary/Evaluation

TOPIC	KEY CONCEPTS
Summary	Handout #3 summarizes many points made during the session. It specifically addresses needs, goals, motivation and reinforcement. Distribute the handout, using the contents to conclude the session. Remind participants that, during the session they: - learned theory of motivation, reinforcement, and shaping - identified goals and their relationship to motivation - discussed ways to improve the reinforcement process within the local program
Evaluation	Allow participants time to discuss their reactions to the materials presented, activities employed, usefulness of content, need for additional information, etc.

BIBLIOGRAPHY

Egan, Gerard. The Skilled Helper: Model, Skills and Methods for Effective Helping, 2nd Ed. Monterey, California: Brooks/ Cole Publishing Company, 1982.

Jung, John. Understanding Human Motivation: A Cognitive Approach. New York: MacMillan Publishing Co., Inc., 1978.

Maslow, Abraham H. Motivation and Personality. 2nd Ed. New York: Harper & Row, Publishers, 1970.

Newstrom, John W. and Edward E. Scannell. Games Trainers Play. New York: McGraw Hill Book Company, 1980.

HANDOUT #1

BROAD LIFE GOALS

I. Goals

This exercise can be used to identify where your priorities are compared to the family member's, and to assure that you are working toward the parent's goals.

II. Procedure

Take a look at the following list of goals and quickly rank them in terms of the most important to the least important. Take five minutes for you to complete this task. Now repeat the task according to what your goals are for the Head Start family member (in general or a specific person).

Family member's Preferences	My own Preferences		
( )	( )	AFFECTION	to obtain and share companionship and affection
( )	( )	OBEDIENCE	to follow direction of others
( )	( )	DUTY	to dedicate to what I call duty
( )	( )	EXPERTNESS	to become an authority
( )	( )	INDEPENDENCE	to have freedom of thought and action
( )	( )	ASSERTIVENESS	to claim one's rights
( )	( )	LEADERSHIP	to become influential
( )	( )	PARENTHOOD	to rear a fine family - to have heirs
( )	( )	OPEN-MINDED	to be able to listen to others
( )	( )	PLEASURE	to enjoy life - be happy and content
( )	( )	HONESTY	to be truthful at all times

(over)

BROAD LIFE GOALS

( )	( )	POWER	to have control of others
( )	( )	PRESTIGE	to become well known
( )	( )	SECURITY	to have a secure and stable position
( )	( )	TRUSTWORTHY	to follow through on what you say you will do
( )	( )	SELF-REALIZATION	to optimize personal development
( )	( )	SERVICE	to contribute to the satisfaction of others
( )	( )	RESPONSIBLE	to assume responsibility
( )	( )	WEALTH	to earn a great deal of money

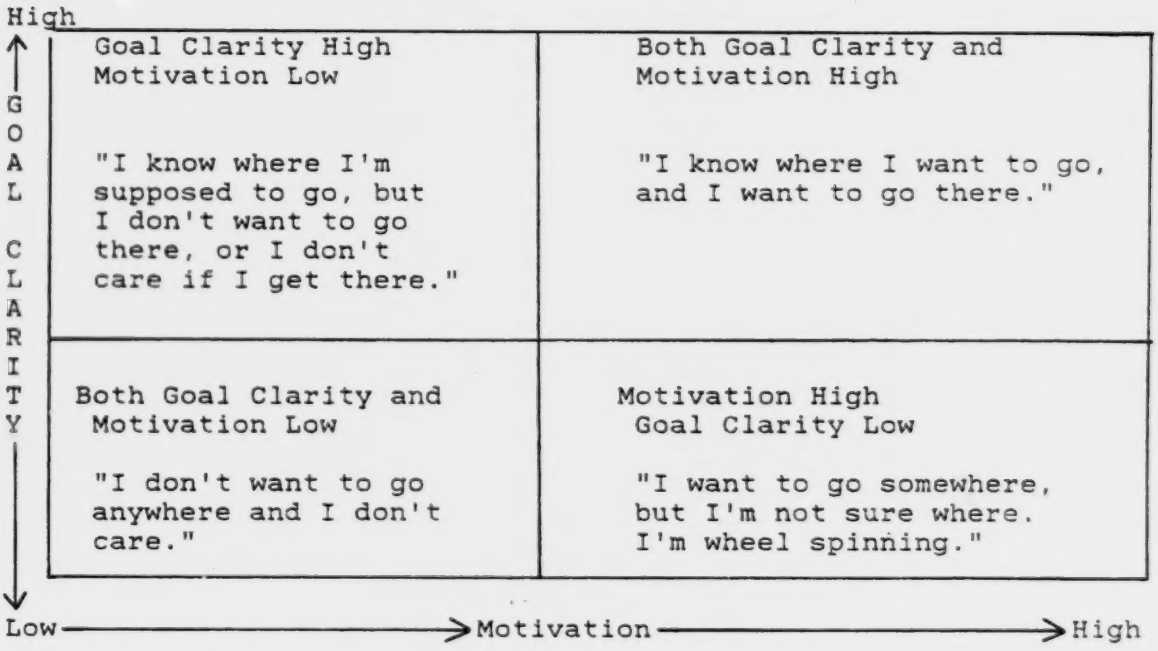
III. Follow-up Procedure

Pass a copy on to the family members and ask them to do one for themselves and one for their husband (use it creatively).

HANDOUT #2

When personal goals are clear the motivation to reach these goals is high. Knowing where you plan to go and why helps to give focus to one's life. It is easy to generate energy when it can be focused in a specific direction.

INTERRELATIONS BETWEEN GOALS CLARITY AND MOTIVATION


High
GOAL CLARITY
Goal Clarity High
Motivation Low
"I know where I'm supposed to go, but I don't want to go there, or I don't care if I get there."
Both Goal Clarity and
Motivation High
"I know where I want to go, and I want to go there."
Both Goal Clarity and
Motivation Low
"I don't want to go anywhere and I don't care."
Motivation High
Goal Clarity Low
"I want to go somewhere, but I'm not sure where. I'm wheel spinning."
Low
Motivation
High

All of us will likely find ourselves in all four quadrants depending on time, interest, physical health, and other pressures.

When goals are unclear or unfocused, it is very easy to waste energy on generalities. Many times this situation gives one the feeling of "spinning wheels" or "treading water."

HANDOUT #3

BASIC NEEDS OF PEOPLE OF GROUPS

If you want my loyalty, interest, and best efforts as a group member, you must take into account the fact that:

**I need a SENSE OF BELONGING

a. A feeling that no one objects to my presence
b. A feeling that I am sincerely welcome
c. A feeling I am honestly needed for my total self, not just for my hands, my money, etc.

**I need to have a SHARE IN PLANNING THE GROUP GOALS. (This need will be satisfied only when I feel that my ideas have had a fair hearing).

**I need to feel that the GOALS ARE WITHIN REACH and that they make sense to ME.

**I need to feel that what the group is doing is WORTHWHILE - that it contributes to human welfare, that its value extends beyond the group.

**I need to share in MAKING THE RULES OF THE GROUP -- the rules by which together we shall live and work toward our goals.

**I need to know in some clear detail just WHAT IS EXPECTED of me so that I can work confidently.

**I need to have RESPONSIBILITIES THAT CHALLENGE, that are within range of my abilities, and that contribute toward the goal WE have set.

**I need to SEE that PROGRESS is being made toward the goal WE have set.

**I need to be KEPT INFORMED. What I'm not up on, I may be down on.

**I need to have CONFIDENCE AND TRUST in our leaders.

In brief -- the situations in which I am placed or find myself as a member in a group should MAKE SENSE, not only to the leader, but to me as well, if my interest and activity are to be happily continued.

--Laurence J. Taylor
Hillsdale College (Mich.)

MOTIVATION

The motivation of people stems from the satisfaction they obtain from the fulfillment of one or more of these basic human needs:

Survival Needs	Feeling of Security Needs	Belongingness and Response or Care	Recognition and Esteem Needs	New Experiences and Desire to Do One's Best

Help people to meet these needs and you help to motivate them to action, good results, and greater self-satisfaction.

Motivation is the function of four distinct factors.

1. function of our needs and we all have needs
2. function of opportunity--no matter how strong the need, if the opportunity to satisfy that need is not present, motivation is decreased considerably
3. function of ability--if an individual doesn't have physical or intellectual ability, motivation decreases
4. function of reinforcement = motivation

Motivation is a function of potential; the potential of an individual to meet his/her needs; utilize his/her ability fully, have proper opportunity to meet his/her needs, and receive reinforcement.

Creating motivating environment:

1. Harmonious participant/staff view of what a good role consists of and to what it contributes. Goals determined mutually.
2. Supportive rather than coercive staff--don't push but assist in finding ways to meet goals and objectives by helping remove obstacles.
3. Reinforcement of needs for feeling worthwile--giving recognition in a way that reinforces efforts and goals and objectives.

DEALING WITH RELUCTANCE AND RESISTANCE

by Helen Vojna

OVERVIEW

This workshop, designed for approximately 30 people, is primarily a "hands-on," "experiential" session. Theory is presented through small and large group exercises and lecturettes. Group interaction in the form of role plays is used to reinforce the learning. Also, extensive time is used in processing all activities.

The workshop takes an indepth look at a common, troublesome phenomenon. Whether we're talking about trying to involve parents in the Head Start Program; why staff members might balk at attending pre service training; or not wanting to modify how we do our jobs (to suit someone else), there are many common elements to be explored. This session allows us to look at both sides of the coin of reluctance and resistance -- resisting and having someone resist doing something "we want them to do." The methods and exercises used are intended to build our helping skills.

The theory is taken from Gerard Egan's The Skilled Helper (see bibliography, an excellent and insightful resource on helping. The workshop is approximately 5 hours in length.

Please note:

The module and handouts should be read thoroughly before presenting the session.

Learning Objectives

- to recognize and effectively deal with reluctant and resistant behaviors
- to explore practical approaches for handling difficult situations

Agenda

Introduction/Expectations
Reluctance and Resistance

- definitions
- behavior indicator exercise
- causes of . . .
- responding to . . .

Practical Application Exercise/Processing
Summary/Evaluation

Materials Needed

Handouts #1 and #2
Practical Application Exercise Parent Situation Cards
Staff Task Information Sheet
Tinker Toys (or other similar building materials)
Flip chart paper/markers
Masking tape

PROCEDURES

Approximate Time	Activity
10 minutes	Introduce yourself and the session objectives and agenda; allow time for all participants to introduce themselves.
15 minutes	Define reluctance and resistance and give basic overview of resulting behaviors. See Key concepts, pages 5 and 6.
20 minutes	Give Directions for "Behavior Indicator Exercise" and proceed with this brainstorming experience. See instructions and key concepts on page 7.
15 minutes	Process "Behavior Indicator Exercise" following format on page 9.
15 minutes	Distribute Handout #1, page 23, and present "Causes of Reluctance and Resistance as directed on page 11.
15 minutes	Review "unhelpful" responses to reluctance and resistance. See key concepts, page 12.
25 minutes	Distribute Handout #2, page 24, and present "Productive Approaches to Dealing with Reluctance and Resistance." See key concepts on pages 13 and 14.
15 minutes	Time for a Break! A Lunch Break would be appropriate here if the session is split.
10 minutes	Prepare participants for practical application exercise following instructions on page 15.
35 minutes (maximum)	Proceed with "Practical Application Exercise."

PROCEDURES

45 minutes	Process the exercise with the participants using the format on page 16.
15-30 minutes	With the large group, discuss possible applications of the days theory and experiences in the work setting. Several format suggestions are given on page 21.
15 minutes	Present Summary and Evaluation using key concepts on page 22.

DEFINITIONS

As an introduction to the session (after presenting the session objectives and agenda) share the following key concepts to ensure that all participants are at a common starting point.

TOPIC	KEY CONCEPTS TO PRESENT
We have all met reluctant or resistant people. They are people who . . .	- don't need our help - feel abused - are resentful - talk of safe or low priority issues - are overly cooperative - are uncooperative - blame others; social settings; systems for their troubles - play games - are uninterested in change - are slow to take responsibility for themselves
Reluctant and Resistant people are also people who . . .	- are self-confident - have a sense of pride
	*Reluctance and Resistance <u>can be positive</u> and a sign of life and struggle for who we are and for what we want and need for ourselves (within our own set of priorities).
Ask participants. . .	"Have you met - or been - one of the above people before?" "What was that like?" Allow time for one or two examples to be given or share one of your own!

*Post the following items on flip chart paper for all to see, then review.

When we speak of <u>reluctant</u> people, we are speaking of people who . . .	• do not want to be involved in the first place
<u>resistant</u> people are people who . . .	• are more or less willingly involved • if initially reluctant, overcome reluctance but still

Topic	Key Concepts
	fail to involve themselves adequately at some point
	• might willingly explore problems, set goals, cooperate in devising a program and then balk at implementation or implement halfheartedly

BEHAVIOR INDICATOR EXERCISE

Share with participants that . . .

Certain behaviors and feelings are a direct result of reluctance and resistance. The following exercise allows participants the opportunity to get in touch with their own feelings and behaviors as well as the feelings and behaviors of those people who are being reluctant or resistant. Because we are in Head Start, we will look at behaviors and feelings in relationship to Head Start Staff and Parents.

*Note to Trainer - Exhibit A, page 10, is for your reference. It demonstrates how columns are to be labeled and possible results. Do not use this Exhibit as a handout.

Topic	Key Concepts
Instruct participants to . . .	1. "Take out a blank sheet of paper."
	2. "Divide the paper into 4 columns."
	3. a. "At the top of column 2, write step 1."
	b. "At the top of column 1, write step 2."
	c. "At the top of column 3, write step 3."
	d. "At the top of column 4, write step 4."
Next ask participants to . . .	4. a. Write "Parent Behaviors" under step 1 (in column 2)
	b. Write "Parent Feelings" under step 2 (in column 1)
	c. Write "Staff Feelings" under step 3 (in column 3)
	d. Write "Staff Behaviors" under step 4 (in column 4)

Next share that this exercise is a brainstorming activity. Each step will be dealt with separately. While the large group brainstorms items, the trainer should write the items on flip

chart paper (for all to see) and the participants should write the brainstormed items in the respective columns on their own sheets of paper.

Proceed with the activity.

Ask participants to . . .

1. "Think of a parent who you may have interacted with who was being reluctant or resistant. How was that parent behaving?" As participants call out items all should write them down. The trainer should have one flip chart paper labelled:

   Step 1

   Parent Behaviors

   and write the items as they are called out.

   *Trainer - use Exhibit A to add any omitted items.

2. "If a parent is Behaving in these ways (refer to Flip Chart Paper) think for a minute about how that parent might be feeling."

   - while participants are thinking post the 1st Flip Chart paper on a wall for all to see and label the next sheet

   Step 2

   Parent Feelings

   Proceed with the brainstorming of Parent Feelings

3. "If a Parent is Behaving this way and Feeling this way, how does it make you, the Staff member, Feel?"

   - Again, post 2nd paper, label 3rd Flip Chart sheet

Step 3

Staff Feelings

And proceed with brainstorming

*Refer to Exhibit A for any additions

Finally . . .

4. "If you, the staff member, are feeling these ways (refer to Flip Chart), how does it make you behave?"

- Post 3rd sheet, prepare last sheet

Step 4

Staff Behaviors

Proceed with Brainstorming

Post 4th and final sheet with 3 previous sheets.

Ask the group to carefully examine their columns and to share their comments/insights.

Invariably they will say . . .

"They're the same" (referring to both <u>feeling</u> columns being similar and both <u>behavior</u> columns being similar)

"There are more negatives than positives."

Conclude the exercise with some of the following observations:

- the columns are very similar
- as staff members we are sometimes very reactive in trying to deal with negative behaviors or feelings
- the behaviors and feelings are very reciprocal

To become more "Pro active" we must recognize and acknowledge the behaviors and feelings and look a step further. . . at what is <u>causing</u> them.

Proceed to causes of
Reluctance and Resistance

For Trainer Reference Only

FOR TRAINER REFERENCE ONLY

Exhibit A

STEP 2	STEP 1	STEP 3	STEP 4
Parent Feelings	Parent Behaviors	Staff Feelings	Staff Behaviors
Fear (afraid)	Withhold Information	Angry	Complain
Angry	Cry	Frustrated	Give Up (Quit)
Embarrassed	Yell	Defensive	Miss Appointments
Defensive	Don't Follow Through	Intimidated	Threaten
Inadequate	Miss Appointments	Annoyed	Yell
Hopeless	Lie	Bored	Hesitate
Guilty	Challenge Authority	Hopeless	Avoid
Frustrated	Make Excuses	Sad	
Helpless	Avoid	Challenged	
Overwhelmed		Empathic	
Intimidated		Afraid	
		Overwhelmed	

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CAUSES OF RELUCTANCE AND RESISTANCE

Before we can begin to respond more effectively to behaviors and feelings, we must find out "why" the behaviors and feelings are there.

Distribute Handout #1 and review the partial listing of reasons "why" people might be reluctant and resistant.

Ask participants to recall a time in their life when they, personally were being reluctant or resistant. What were their reasons? Their responses may be as simple as: - not wanting to go to a training session because lesson plans are due the next day (other priorities)

A Key point to make is that OUR REASONS ARE LEGITIMATE FOR US. This is how it is (or was) for us.

If we can break away from reacting to the behaviors and feelings and look at "why", for example, "attending training session was so problematic", we have a better chance of responding effectively.

UNHELPFUL RESPONSES

Before looking at appropriate responses, share with the group some <u>less</u> helpful ways of responding to reluctant and resistant behaviors and feelings. Prior to the session, write the following list on flip chart paper for easy review with the group.

TOPIC	KEY CONCEPTS TO PRESENT
Unhelpful responses. . .	• accepting the guilt and trying to placate the person • becoming impatient or hostile and manifesting this verbally or nonverbally • do nothing and hope the resistance will disappear • lower your expectations of yourself and proceed in a halfhearted way. • try to become warmer and more accepting, hoping to win the person over by "love" • blaming the person and ending up in a power struggle • lowering your expectations of what can be achieved • allowing yourself to be abused or a scapegoat • giving up

It is sometimes interesting to compare this list with the brainstorming staff behaviors from the Behavior Indicator Exercise.

PRODUCTIVE RESPONSES

"So how do we respond?" That is the question many are now asking. The "answers" are on Handout #2. Distribute the handout and review the major points of each of the 13 items. You will notice that part of the handout is a review and summary of items already experienced or learned during the first part of the session.

For instance:

TOPIC	KEY CONCEPTS TO PRESENT
Exploring your own resistance	- the group experienced this in the Behavior Indicator Exercise
Examining the quality of your interventions	- in part, this item asks that we not get caught up in "re-acting" to behaviors and, in essence, reduce our effectiveness
Accepting and working with other people's resistance	- asks that we recognize and acknowledge the resistance Note - This item refers to "Challenging Skills," a concept more fully developed in Egans' <u>The Skilled Helper</u>. Challenging Skills include: - information sharing - <u>accurate</u> empathy - confrontation - helper self sharing - immediacy (looking at the you and me/here and now of a situation) All of these skills reflect an assertiveness in talking about behaviors and feelings, their causes and impact for each party involved.
Seeing some resistance as normative	- Resistance can be <u>positive</u> and an affirmative of self
Exploring the roots of the resistance	- What are the <u>causes</u>?

TOPIC	KEY CONCEPTS TO PRESENT
Prizing self responsibility	- Recognizing and acknowledging <u>your</u> part in the siutation
Establishing a "just society"	- The key here is that there be mutual respect and shared planning
Inviting Participation	- offers the opportunity for shared planning and shows mutual respect!
Searching for incentives	This is a very difficult and sometimes confusing area because incentives are often different for each of us. Also, <u>change</u> is frequently involved and many times a difficult task for adults. Ask the group, "When are you willing to change your behavior?" to demonstrate the variety and differences.
Beginning with small goals	When we realize success from taking smaller steps, we have more energy to proceed
Shaping	- a reinforcement for appropriate behaviors
Tapping significant others	- we cannot be everything to everyone, others <u>may</u> be equally or more influential in promoting change
Employ resistant people as helpers	- In Head Start we are rich in opportunities that might provide others with a "change of perspective"

Note:
Your own <u>specific</u> work site examples will enhance the presentation of the items on Handout #2!

TIME FOR LUNCH - OR A BREAK!

PRACTICAL APPLICATION EXERCISE

The following instructions are appropriate for a group size of 30 (or a group size divisible by 5, for example 15, 20 or 25 people). If the groups size is not divisible by 5, task assignments should be modified.

Pick one:

1. Break the total group into groups of 5 at random

   or

2. Have total group "letter off" A through E then repeat until everyone has a letter (e.g., A,B,C,D,E, - A,B,C,D,E).

Share the following information:

TOPIC	KEY CONCEPTS
Overall Task	To build a tower (using tinker toys) at least one foot tall, that will support a book.
Specific directions	1) This exercise is designed to give participants an opportunity to practice responding effectively to reluctance or resistance - in this case staff members will be trying to involve resistant parents to accomplish the overall task. 2) There are 5 roles in each small group. If the group lettered off, following are their respective roles: A - Parent B - Parent Observer C - Staff D - Staff Observer E - Total process observer Before proceeding be sure that each group member has a role 3) All "Staff" or Letter C's should gather together while the remaining group members prepare for the exercise and review the instructions on

the Staff Task Information Sheet.

4) Give each parent a Parent Situation Card. Instruct the "Parents" or Letter A's to keep the card contents confidential until instructed to share them and to follow the specific directions on their cards. There are six different situation cards. Other situations can be created and used in addition to or in place of those given.

5) All observers are to observe their designated person/or total small group and make written notes of what is said and done and of what feelings and behaviors they see demonstrated as well as approaches for responding to the resistance being acted out.

Total process observers will be responsible for monitoring and facilitating discussion after the exercise is complete.

If all are clear about their responsibilities and roles, have small groups assume their positions and begin their role plays. Indicate that there will be a 20 minute time limit - with a 4 minute warning.

The processing of this activity is a critical part of the learning experience. After the maximum 20 minute period proceed with having the "convinced" parents and staff build the tower, with observers continuing their observation writing.

Post the following format for processing on flip chart paper and instruct the "total process observer" or Letter E's to follow the format in their respective small groups. (Allow 20-25 minutes for small group processing)

1. Have parent share his/her situation card
2. Ask parent what was helpful/unhelpful and ask "what could the staff member have done/said to convince the parent"
3. Ask staff member to share feelings/frustrations and what

s/he thought went well and what s/he might do differently if given a second chance.

4. Ask observers including Total Process Observer to share observations/insights/ideas for new approaches

Allow time for several small groups to summarize their experiences for the total group. The trainer should facilitate this discussion using the same process used in the small groups. Acknowledge the successful experiences and how the approaches used relate to Handout #2; ask how many groups got to the "whys" or causes of the resistance using immediacy (or another challenging skill).

Summarize the experience with a presentation of the following concept.

TOPIC	KEY CONCEPT
There is a term in helping referred to as <u>Self Efficacy</u>. Essentially it says that people tend to take action if...	1) They see that a certain <u>behavior will most likely</u> lead to desirable results 2) They are reasonably sure they can successfully engage in such behavior

STAFF TASK INFORMATION SHEET

TASK - To build a tower, at least one foot tall, that will support (or hold) a book.

LOGISTICS

- Tower will be built out of tinker toys (or a substitute, equivalent building material)
- Each staff member is visiting with an individual parent at home and requesting that the parent come to the center next week to build the tower along with other staff and parents (a group project).
- Only one tower will be built by the staff/parent group

STAFF ASSIGNMENT

- Take responsibility for involving one parent in the tower building project (on a home visit)
  - 20 minute time limit
- After convincing the parent to help, if time remains, begin discussing with the parent how the tower should be built
- The next 15 minutes should be used to build the tower
  - as a group/at the Center/one week later

PARENT SITUATION CARD #1

Your Role:

You don't see how building the tower will benefit you. "What will you get out of it?"

Unless you are made to feel that you will benefit in some way, do not participate.

PARENT SITUATION CARD #2

Your Role:

You are afraid you won't be able to do what the staff member wants you to do.

do not participate unless you feel that you will be helped along the way and self confident that you have something to offer in either planning to build or in building the tower.

PARENT SITUATION CARD #3

Your role:

You dislike one of the other parents who will be involved in the project. You don't want anyone to know this so you make excuses for not wanting to be involved.

Do not participate unless you feel that you won't have to work directly with the one parent

or

Unless you feel good enough about the task that the other parents' presence will not matter.

NOTE TO TRAINER:
These situation cards are your original copy. When xeroxing for participant use you may want to use a different color paper and/or a heavier grade of paper.

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PARENT SITUATION CARD #4

Your role:

You feel that. . .
Building the tower will take more time than you want to put into it and you have other things to do

Do not participate unless you feel comfortable with the time you will have to invest.

PARENT SITUATION CARD #5

Your role:

You know that fathers seldom go into the center and you don't want to be the only father there.

Unless you are made to feel that the task is important enough that if won't matter that you're the only father, do not participate.

PARENT SITUATION CARD #6

Your role:

You think it is a waste of time to build the tower.

Do not participate unless you are convinced it is a worthwhile effort.

NOTE TO TRAINER:
These situation cards are your original copy. When xeroxing for participant use you may want to use a different color paper and/or a heavier grade of paper.

WORK SITE APPLICATIONS

Option #1 (approx. 30 min.)

In small groups of 5 people, give participants 15 minutes to dicuss worksite applications of the information shared during the session. Have the small groups report back to the total group

Option #2 (approx. 15 min.)

Ask for I learned. . . or
I realized. . . statements from the groups. Do a "round robin" so that all can share their statements.

Option #3 (approx. 15 min.)

Have a general total group discussion on how the session might impact on individuals in the work setting.

SUMMARY/EVALUATION

TOPIC	KEY CONCEPTS TO PRESENT
Summary	Review that during the workshop, participants: • explored behavior indicators of reluctance and resistance in themselves and others • reviewed causes of reluctance and resistance • discussed unhelpful and helpful responses to reluctant and resistant behaviors • practiced responding to different situations using the theory on productive approaches • explored ways to apply the days learnings to the work site
Evaluation	Allow participants time to discuss their reactions to the materials presented, activities employed, usefulness of content, need for additional information, practice time, etc.

CAUSES OF RELUCTANCE AND RESISTANCE

People who. . .

- see no reason for involvement in the first place
- fear the unfamiliar
- resent third party referrers and whose resentment carries over to you
- do not know how to participate effectively
- have a history of being rebels against systems
- see the goals of the other party involved as different from their own
- have developed negative attitudes about helping and helping agencies
- have discovered that your (or some other) agency has a bad reputation
- believe that identifying needs is the same as admitting weakness, failure, inadequacy (by resisting they preserve their self-esteem)
- feel their rights are not being respected
- feel they have not been invited to be participants in the decisions that are to affect their lives
- feel a need for personal power and find it through resisting a "powerful" figure or agency
- are testing another's level of support or competence
- dislike you but do not discuss this with you
- see no payoffs for changing, being involved....
- realize that the price of change is higher than they expected
- have a conception of the degree of change desired that differs from your conception

PRODUCTIVE APPROACHES TO DEALING WITH RELUCTANCE AND RESISTANCE IN OTHERS

(Parents, Staff, Community Agency Staff)

1. Exploring your own resistance

   Examine resistance in your own life. If you are in touch with the various forms of resistance in yourself and are finding ways of overcoming them, you are more likely to help others deal with theirs.

2. Examining the quality of your interventions

   Without giving in to unwarranted guilt, examine your behavior. See if you are doing anything to elicit resistance in others. For instance, you may have become too directive without realizing it. Take stock of the emotions welling up in you because of other people's resistance and the ways you are communicating with them. Do not deny these feelings; own them and find ways of coming to terms with them. For instance, do not overpersonalize their resistance. If you are allowing a hostile person to get under your skin, you are probably reducing your effectiveness.

3. Accepting and working with other people's resistance

   Start with other people's frame of reference. Accept them and their resistance. Do not ignore it or be intimidated by it. Let them know how you experience it and then explore it with them. Model openness to challenge. Be willing to explore your own negative feelings. The skill of immediacy is extremely important here. Help them work through the emotions associated with resistance. Avoid moralizing.

4. Seeing some resistance as normative

   Help them see that they are not odd because they are reluctant or resistant. Beyond that, help them see the positive side of resistance. It may well be a sign of their affirmation of self.

5. Exploring the roots of the resistance

   Try to determine the causes of the resistance. Help them see and appreciate the roots and even the legitimacy of their resistance. If they discover the payoff that is associated with and helps maintain their resistance, they may be open to finding other ways of getting the same kinds of payoff. Use challenging skills to help them develop new perspectives on their resistance.

-over-

6. Prizing self-responsibility

   Even though a person's resistance has some legitimacy, he or she is still ultimately responsible for coping with it. Do not take responsibility for their resistance except insofar as you see yourself contributing to it.

7. Establishing a "just society"

   Very often reluctant and resistant people feel like victims. Establish as much mutuality as is consonant with helping goals. A just society is based on mutual respect and shared planning.

8. Inviting participation

   Invite resistant people to participate in every step of the process and in all the decision making. Share expectations. Discuss and get reactions.

9. Searching for incentives

   Help people find incentives for participating in the helping process. Use self-interest as a way of identifying these. Use brainstorming as a way of discovering possible incentives.

10. Beginning with small goals

    Begin with moderate realizable goals that you have cooperatively set. Help them experience some kind of real success in the helping process as soon as possible.

11. Shaping

    Reinforce successive approximations to the kind of behavior that makes helping work.

12. Tapping significant others as resources

    Do not see yourself as the only person responsible for planning. Engage others, such as peers, family members, Head Start parents or another staff member in helping.

13. Employ resistant people as helpers

    If possible, find ways to get resistant people into situations where they are actually helping others. The change of perspective involved can help them come to terms with their own resistance.

Adapted from: The Skilled Helper by Gerard Egan

BIBLIOGRAPHY

Primary Resource:

Egan, Gerard. The Skilled Helper: Model, Skills, and Methods for Effective Helping, 2nd ed. Monterey, California: Brooks/Cole Publishing Company, 1982.

Additional Resources:

Pietrofesa, John J., George E. Leonard and William Van Hoose. The Authentic Counselor. Chicago: Rand McNally Company, 1972.

Shaw, Malcolm E., Raymond J. Corsini, Robert R. Blake and Jane S. Mouton. Role Playing: A Practical Manual for Group Facilitators. San Diego, California: University Associates, Inc., 1980.

STUDY TRIPS

by Nancy Mallory

INTRODUCTION

For Head Start children, the classroom often provides their first organized educational program. It is the beginning of a process which will hopefully result in their being "educated." Staff and parents work to provide an environment which encourages curiosity, language development, observation skills and increasingly more complex thinking. In other words, they are provided with human interactions and an environment which will motivate them to become "students." For this reason, the educational trips sponsored by Head Start are "study" trips.

This workshop will focus on the value of study trips and useful techniques for planning, conducting and evaluating them.

OVERVIEW

This workshop is appropriate for teaching staff and parent volunteers and is designed for 15 - 30 participants. Dependent on the number of participants, five or six hours will be required. (Small group activity times are frequently shorter with smaller groups.) This time frame includes a break and lunch hour.

Participants will be involved with a brainstorming activity, small group task and presentation, will view a slide/tape lesson and will use a questionnaire before and after the workshop to review their beliefs about children's trips.

STUDY TRIPS

LEARNING OBJECTIVES

To review the educational value of study trips

To consider selecting and conducting trips appropriate to the children's developmental levels and the goals of the curriculum

To determine the kinds of trips available in and near the center as well as in the larger community

To present useful methods of planning trips, preparing the children, implementing a trip and conducting follow-up activities after the event.

To explore the many opportunities for center and home related parent involvement with study trips.

AGENDA

Introduction

Questionnaire & Interview - Participants' current beliefs about trips

Why take trips?

Kinds of Trips

- Community trips
- Reverse trips (they come to you)
- The Center and Its Yard
- Walks
- Ongoing trips
- Family trips

Your Program's Trips

Components of a Trip

- Selection
- Planning
- Preparing the Children
- Conducting the Trip
- Follow-up and Evaluation

Parent Involvement in Trips

Follow-up Review of Questionnaire

Summary/Evaluation

MATERIALS

Audiovisual

"Educational Field Trips for Young Children" by Dr. James L. Hymes, Jr., Slide/Narrative and Cassette Tape $59.80 available from Childhood Resources, 1577 Springhill Road, Vienna, VA, 22180, (703)790-8770. In Region III, available on loan from Head Start Resource and Training Center, 4321 Hartwick Road, College Park, MD, 20740 (301)454-5786.

Slide Projector

Tape Player

Projection Screen

Flip Chart, tape and pens or Chalk board, chalk and eraser

Tablet or binder paper for participant use

Copies, for each participant, of:

- Learning Objectives
- Agenda
- Questionnaire
- Handouts

(If these are collated, paged and stapled together, a set can be placed at each seat eliminating the confusing process of passing each one out as needed during the session.)

ROOM ARRANGEMENT

If possible, set the room up to provide for 5 tables with appropriate number of chairs so small groups are already formed when participants are seated.

PROCEDURE

Approximate Time	Activity
5	Review the objectives and the day's agenda (p. 2) and show any displayed resource books
15	Refer participants to the Study Trips Questionnaire - Handout #1, Read the instructions and example. Direct them to proceed. When they seem to be done, tell them you will review it with them at the end of the workshop.
10	Mini-Lecture--Why take trips? See p. 6
30	Kinds of trips--On flip chart or chalk board, provide the following headings--Community Trips, Reverse Trips, Backyard Outings, Walks, Ongoing Trips, Family Trips. Give brief explanation. Then invite participants to brainstorm a list under each heading. See pp 6-8.
30	Present slide/tape--Educational Field Trips For Young Children. p. 8.
15	Break
15	List major trips usually taken by the program and what curriculum themes they relate to -- Draw this list from participants.
30	Assign small group tasks. Handouts 2 & 3-7.
30	Two small group presentations.
60	Lunch
45	Three small group presentations.
15	Mini-Lecture--Parent Involvement with Study Trips.
15	Return to Questionnaire, Handout #1. Read each question and solicit response. Discuss as appropriate.
15	Summary and Evaluation

Follow-up Activities:

Sponsor a sharing session for staff and parent volunteers to discuss their best trips.

List special sites with all necessary information.
Select potential sites for evaluation.
Set up adult study trips to visit potential sites.
Develop a booklet for your community of "Trips For Young Children in (your community").

Topic	Key Concepts to Discuss
Mini Lecture Why Take Trips?	Brief Review of Cognitive Development - Piaget SENSORIMOTOR (senses, motor) birth to about 2 years --Active engagement of child with his or her world through manipulation of objects and materials using all the senses --INTELLIGENCE exists without language or symbols PREOPERATIONAL From about 2 years to 6 years of age --Child thinks of everything in terms of her own activities --Symbolic functions are beginning A real boat is symbolized by a toy boat or a picture of a boat, and for a few children at the end of this period, by the word BOAT CONCRETE OPERATIONS From about age 7-11 years --Can reason logically with materials available --Thought limited by direct experience s/he has had --Begins to understand conservation and reversibility FORMAL OPERATIONS 11 years --Able to think and problem solve in the abstract --The more experiences a child has had AND been able to assimilate, the richer his intellectual life will be. As we consider child development and look towards the stages of "Concrete Operations" in which the child's thought is limited by direct experience and then to "Formal Operations" in which experiential background serves to enrich thought processes, the careful selection and wise use of study trips becomes very significant!

Topic	Key Concepts to Discuss
These ideas can be drawn from the participants and recorded, if you wish. The next activity, however, is brainstorming	In addition, trips offer the opportunity for: --reinforcing concepts of the curriculum --meaningful parent involvement --active learning --learning new words --something to talk about --seeing, hearing, touching and learning through firsthand experiences --teaching science, math, social sciences, art and music --socialization/Home Based --more creative dramatic play --stimulating and motivating children --change --children to become better observers --fun!
Kinds of Study Trips Participants develop lists through brainstorming	Community Trips--require vehicle transportation and often include the whole class - for example: Zoo Train Station Airport Fire Station Farm Teacher's home Reverse Trips--They come to you Parents with interesting jobs Firefighter and trucks Nurse in uniform Police Officer and car Mother and baby Musician Carpenter Mail Carrier Animals Backyard Outings--All or just a few children Observe a special tree Look for puddles after a rain See a rainbow Collect rocks Study a spider web Look for ants See and hear birds Observe shadows

Topic	Key Concepts to Discuss
Why Take Trips Continued	Walk--In the center or outdoors, nearby Director's or Nurse's Office Kitchen Another Classroom Flower Garden Litter Workmen--e.g.--roofers Different doors Fire hydrants What goes on wheels
Kinds of Trips - Continued	Ongoing Trips--Children learn more each time they return to the same place. If possible, take small groups for a short while, regularly, to: --the library or book mobile --the animal shelter --a supermarket --the zoo --a museum --a special tree or garden Family Trips--Share information with parents on good places for families to take children --fish hatchery --petting zoo
Slide/Tape--Educational Trips For Young Children	Introduce audiovisual presentation by telling participants it will review choosing, planning, taking and providing follow-up to study trips.
Show A-V	Follow up by inviting response to the film --what they agreed with --questions
BREAK	
Major trips usually taken by your program	Ask participants to name the planned trips they usually take, along with the curriculum themes to which they relate Chart these on flip charts or blackboard Discuss: --Was the trip specifically and directly related to curriculum objectives? --Did it provide for active learning? (touching, handling, trying out) --Were the concepts involved appropriate for 3 and 4 year old children?

Topic	Key concepts to Discuss
	--Were there opportunities for interaction with adults and other children? --Are there alternative trips which would also meet your objectives more fully? List
1. Selection 2. Planning Children 3. Preparing Children 4. The Trip 5. Follow-up	Review handout, "Small Group Assignments" with total groups. Make small group assignments and direct each small group to its appropriate handout, #s 3-7. Clarify the amount of time each will have to work. Give 10 minutes warning when reports will begin Small Group presentations
Mini-lecture Parent Involvement	Review points on handouts #8 & 9 "Study Trips and Parents" and "Study Trips for Families" (for parents)
Questionnaire	Return to questionnaire Solicit responses to each question Discuss as appropriate
Summary/Evaluation	Review Learning Objectives p. 2 Ask: What key points do you remember about this--objective by objective? How will the information be useful to you? Does the group want to spend additional time on Study Trips?

STUDY TRIPS

QUESTIONNAIRE

First, please indicate your own opinion on all ten questions. Then, find a partner and review each question and why each of you answered as you did.

Example:	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
Study trips are worthwile learning experiences	(SA)	A	D	SD
1. All young children (3-8) should be prepared for any study trip through discussion	SA	A	D	SD
2. Every class member should get to attend every planned trip	SA	A	D	SD
3. Before planning trips, the teacher should determine what trip experiences the children have had	SA	A	D	SD
4. There is a good way to take a 3 yr. old to a concert	SA	A	D	SD
5. On a study trip, a treat or favorite toy can help an individudal child feel more at ease	SA	A	D	SD
6. A common cause of trip failure is too much space	SA	A	D	SD
7. Follow-up on a study trip must always be formally planned	SA	A	D	SD

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
8. Taking a trip to the same place twice is a waste of time and money	SA	A	D	SD
9. Teachers usually talk too much on trips	SA	A	D	SD
10. Parents should be involved in selection of some trips	SA	A	D	SD

SMALL GROUP ASSIGNMENTS HANDOUT #2

A. Choose a leader.
B. Read each tip aloud. Discuss how you have responded or would plan to respond to each suggestion.
C. Discuss how you will present this information to the total group.
D. Choose your presenters (one or two or all of you) and practice, if there is time.
E. Direct groups' attention to the appropriate handout when you do your presentation.

Presentation Suggestions

Group 1. - Selection of Study Trips

Rate the places you've gone according to the ideas on your handout.

Share this information and your recommendations with the total group.

Group 2. - Planning Your Study Trips

Share tips, ideas that have worked for you and ideas group members plan to try.

Especially discuss the what and how of orienting volunteers.

Group 3. - Preparing Children For a Study Trip

Select a specific trip site

Explain or role play how you would prepare the children for the trip.

Try to cover all the points on the Handout.

Group 4. - The Trip - Implementing Your Plans

Share tips

Discuss or role play how you plan to implement them

Group 5. - Follow Up

Share tips

Tell how you would apply them to a specific trip such as a trip to a bank where you saw a safe deposit box, the vault, a money machine, coin sorter, drive-up window and indoor teller at work.

SELECTION OF STUDY TRIPS

Things to Think About and Research

- Where have the children already been and how can you find out?
- Does the site relate to curriculum goals and objectives?
- Can you arrange a guided trip for staff and parents prior to the children's trip? (Never take a trip to a place you haven't been to ahead of time yourself.)
- How long will the trip take? Travel time should be no more than 1/2 hour one-way. Young children tire easily when doing something new, exciting and unfamiliar.
- Are there hallways or wide open spaces which invite running?
- Can children experience this trip at their own pace? Consider the age of the child(ren). The younger the child, the shorter the trip.
- Is the site very noisy, busy or confusing?
- Will unrealistic behavior be expected? For example--sitting still and being quiet at a concert. In such a case, it would be better to take children to a school band rehearsal for just a short while.
- Are there any dangerous areas?
- Is there a safe place to load and unload children?
- Is there parking available for your vehicle(s)?
- Where are the bathrooms and drinking fountains?
- Is there space where the children can have a snack or picnic lunch?
- Can you avoid tour guides for children?
- Can you repeat the trip? More is learned each time. If area is large, perhaps you should choose only a part each time.
- Are there sites that are particularly relevant to the culture(s) of your community?
- Are there places to visit where women have made breakthroughs in employment stereotypes?
- Can your enrolled children with handicaps comfortably benefit from this trip?

PLANNING YOUR STUDY TRIP

Things to Think About and/or Do -

- Are signed permit slips filed for every child?
- Are emergency cards up to date on every child?
- Is the first aid kit fully supplied?
- It is a good idea to take emergency phone numbers appropriate to your center's emergency plans--e.g., poison center, children's hospital, paramedics.
- Do you know what insurance coverage you have for children, parent volunteers and staff?
- If traveling by bus, will a car be available in case of illness or emergency?
- Notices to parents should include:
  Where you are going
  What you hope to see
  Time away
  Appropriate clothing
  Rules, such as no money or personal toys
  Snack or food plans
- If a tour guide must be used, explain in advance, the nature and limits of three and four year old children.
- Plan your travel route.
- Secure parent volunteers. It is ideal to have a hand for every child. Don't go with fewer than 1 adult for every 5 children.
- Orient volunteers so they know the rules, are aware of any children who may feel insecure, can answer children's questions and can talk with them comfortably:
  Take them on a guided trip ahead of time, or
  Talk with them just before you go, and/or
  Provide them with a printed information sheet
  Assign specific children to each adult.
- Use name tags for children and adults. If the total group is going, you may want to color code small groups.
- Have a time schedule in mind for travel, observing, toileting and eating.
- Call ahead and reserve date, time, and transportation.

- Confirm dates, time and transportation the day before.
- Consider what you will do if:

  It rains.
  Your host postpones or cancels.
  Your time scedule doesn't work.

- Consider taking a blanket, some books and simple toys for possible quiet or waiting times.
- Have someone take and use a camera.

HANDOUT #5

PREPARING CHILDREN FOR A STUDY TRIP

Suggestions -

- In long-range planning (for 4-6 weeks), provide for classroom experiences such as special books, audiovisuals, songs and fingerplays, dramatic play setups, special projects, display and discussion.

- Select ten(10) or twelve(12) words related to the trip, post and use them.

- On a number of occasions, dramatize the actual processes of the trip and include anything that might be frightening such as a lion's roar or a fire siren. For example--Act out with the children, getting your name tag, boarding the bus (the steps are high), looking out the window, singing, seeing other cars, trucks, buses; arriving, holding your partner or parent volunteer's hand, lion roars, you cover your ears, etc. Include safety and other rules and the schedule--(especially when you'll have a snack). Discuss with children some specific things to look for (about 3).

- Do not announce that you are actually going on a trip too soon. For three year olds, the day before is soon enough.

- Try to make sure that children know where they are going, how they are going, what they will do there and when they will return.

- If children will be collecting rocks, feathers, leaves, seeds, cones, etc., talk about it and provide small boxes or bags.

- -Fun Idea- One center procured T-shirts with the center name for all children to wear on trip days.

THE TRIP

Implementing Your PLans

- Have each adult use travel time as learning time reminding children of the three (3) things they're going to look for, noting interesting things along the way and listening carefully to what they say.

- Adults often talk too much--Take time to observe and to listen--What do the children know and what don't they know? Pay attention to how children seem to be feeling. Are some of them anxious or frightened? Make notes on how children respond.

- Use open-ended questions.
  (Open-ended questions have many possible answers. For example: What do you think might happen if there were no moat around the leopard exhibit?)

- Take pictures.

- Call attention to special attractions.

- Wonder with the children.

- Use the "teachable moments".

- Take a break--enjoy a social time with a snack or picnic. If the site allows, some children might just rest and enjoy stories and music while others see a little more. (Even adults vary in their tolerance for "touring".)

- Exhibit your pleasure in and enthusiasm for the trip--Have a Good Time!

- Enjoy some group singing on the way home.

FOLLOW-UP ACTIVITIES

Suggestions

- In small groups, allow plenty of discussion time.
- Ask open ended questions. For example: "Tell me all you saw on our trip."
- Display the pictures that were taken
  --with a language experience chart
  --on the bulletin board
  --make a book
- Display any collections.
- Use appropriate books, stories and audiovisuals, music, art, special projects such as cooking or tasting what has been brought from a farm or market and dramatic play props. Much learning occurs or is reinforced in play reinactment.
- Send notes to parents about what was seen and done.
- Send thank you's to the trip host or hostess.
- Involve all the adults who went along in evaluating the trip.
- Keep records

  --attendance
  --special people and phone numbers
  --maps and brochures
  --door of entry
  --bathrooms and drinking fountains
  --eating space/facilities
  --if there were problems, describe them including possible reasons and/or ideas for preventing problems next time.
  --is it a good place for a repeat trip to reinforce learning or to look for different things.

STUDY TRIPS AND PARENTS

Study trips are generally held to be experiences of good educational opportunities. Our guidelines state:

> "....TRIPS, SHOULD BE PLANNED FOR THE PURPOSE OF BROADENING THE CHILD`S KNOWLEDGE OF HIS OWN IMMEDIATE ENVIRONMENT, INCREASING HIS CULTURAL EXPERIENCES AND BROADENING HIS HORIZONS ABOUT THE WORLD IN WHICH HE LIVES."

We can usually assume that these purposes are realized when we take children on trips. How worthwhile a trip really is, however, probably depends on careful planning, interest and knowledge shown by the adults who accompany the children.

Young children on trips are rarely good listeners when spoken to as a group of fifteen or more. It is, therefore, important that the adult/child ratio be low--preferably no less than one to four and that the adult be sensitive to "teachable moments," to helping a child wonder or to answering questions. Adults are often the young child's only resource since he cannot yet "look it up" when he wants a specific answer.

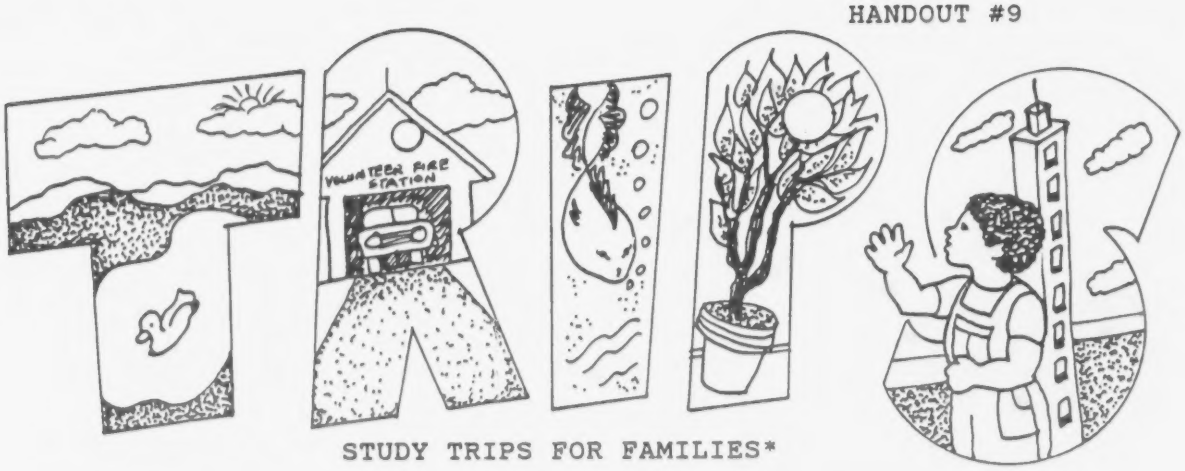
With these thoughts in mind, would there be places and times when it might be worthwhile for parents to take a trip first--just the adults--so they could have more advance information about what would be seen and done? For instance, zoos will often give a conducted tour which would be informative and interesting for adults but "too much talk" for young children. Adults could share some of the information later on a one to one basis. The workings of trains and train depots or fire houses can be quite complex and interesting to adults--but "too much talk" for young children except as they ask questions.

Perhaps some pre-study trip tours could be arranged for parents and/or staff. The benefits could be, better planning and more satisfying experiences.

WHERE COULD YOU GO?

Art Gallery
Bank
Asian Food Market
Tamale Shop
Library
Pet Shop
Hardware Store
Drug Store
Floral Shop
Cleaner and Presser
Barber Shop/Hairstylist
Music Store
Open Air Market
Train Station
Bus Station
Tractor Dealer
County Fair
Fire Department
Grocery Store
Bookstore
Department Store
Bakery
Shoe Repair Shop
Service Station
Skating Rink
Paddle Boat Rides
Post office
Museum, especially "Please Touch"
Dairy Farm
Orchard
Airport
Zoo
Restaurant
Water Works
High School Play or Concert
Spice Shop

Obviously, the list is long, and can continue growing. Many places can be appropriate for study trips for young children. It is important to remember the capabilities and interests of your children, how the trip relates to the ongoing classroom program and what contacts or knowledge parents may already have.



STUDY TRIPS FOR FAMILIES*

SOME GOOD TRIPS FOR YOUNG CHILDREN...Threes, Fours, Fives:

One of the greatest gifts parents can give any young child is the gift of time: leisurely, easygoing moments of mutual enjoyment. Short trips together in the nearby community are one excellent device for "giving time" and the trips themselves are of basic educational significance. Think about this "gift of time" for any holiday season, weekends, for any"loose and free" moments in family life. For all of the following suggestions, NO entrance fees and NO advance appointments are needed.

1. A TRIP TO ANY PLACE WHERE THERE IS A BODY OF WATER.

A creek, stream, canal, river, pond...Young children enjoy throwing pebbles and sticks into water...They like to experiment with what sinks and what floats, and they enjoy seeing the ripples on the water. You can help them look for signs of life: bugs, frogs, fish, ducks, spiders or whatever else you may be fortunate enough to see. This close-up experience is what MAKES a trip!

2. A TRIP TO THE FIREHOUSE

Most firefighters are very friendly folk and will let you look around. If you are persuasive, they will let children climb on some of the trucks and clang the bell. Looking, listening, touching and doing is how children learn!

3. A TRIP TO SEE CONSTRUCTION WORK

Roads, houses, bridges, sewers, or what have you. The heavy equipment and the workers are endlessly fascinating.

4. A TRIP TO ANY AUTOMOBILE SERVICE STATION

Just inflating an old inner tube tire is fascinating to a young child. Peek under a car on the hydraulic lift. And if you are lucky, you may see the tow truck at work.

5. A TRIP TO THE RAILROAD TRACKS

A call to your local station agent will give you the precise moment when a train will pass. Freights are especially fascinating and some even have the traditional "little red caboose" or Chessie painted on the box cars. At a crossing, youngsters can watch the bars go up and down, controlling traffic.

6. A TRIP TO THE PET SHOP

Some pet shops have a very complete collection of the usual animals, plus some rare creatures, too. Turtles and fish are especially interesting as they can be observed eating and breathing under the water.

7. A TRIP TO YOUR LOCAL FLORIST OR GREENHOUSE

To see and to smell! To watch plants growing, blooming!

8. A TRIP TO YOUR LOCAL PUBLIC LIBRARY

Plan a leisurely un-rushed time to examine the books as well as time for your youngster to make his own selection of books to take home. Some libraries have a special story time for young children.

9. A TRIP TO YOUR LOCAL LUMBER YARD

This is especially nice if they have a large pile of boards and have to use a high lift to move the wood around.

10. AN ELEVATOR OR ESCALATOR RIDE

If you can combine this with a view from the top of a high building--office building, apartment house--youngsters love this new picture of the earth they walk on and the world they live in.

HAVE A GOOD TRIP!!!

*Adapted from a paper developed at the
University of Maryland
Dept. of Early Childhood Education

References

Going Places With Children -- Where To Go -- What To Do -- In Washington, D.C., 1985, A Publication of Green Acres School, 11701 Danville Drive, Rockville, Maryland, 20852.

Maryland State Department of Health and Mental Hygiene, Trips With Young Children, Child Day Care Center Guidelines, 1976, MD State Dept. of Health and Mental Hygiene, Division of Child Day Care Center Licensing and Consultation, P.O. Box 13528, Baltimore, MD 21203

Redlead, Rhoda, Open the Door Let's Explore, Neighborhood Field Trips for Young Children, Toys 'n Things Press, a division of Resources for Children Caring, Inc., 1983 distributed by Gryphon House, Inc. P.O. Box 275, Mt. Rainer, MD 20712

Rockwell, Robert E; Sherwood, Elizabeth A. and Williams, Robert A., Hug a Tree and Other Things to Do With Young Children, 1983, Gryphon House, Inc., 3706 Otis Street, Mt. Rainer, MD 20712

Seefeldt, Carol, A Curriculum for Child Care Centers, 1973, selected pp., Charles E. Merrill Publishing Co., Columbus, Ohio, 43216

Taylor, Barbara J., A Child Goes Forth, A Curriculum Guide for Teachers of Preschool Children, Chapter 7, Excursions, 1972, Brigham Young University Press, Provo, Utah

PARENT INVOLVEMENT IN THE HEAD START EDUCATION COMPONENT

by Nancy Mallory

OVERVIEW

This workshop is intended for staff of the education and parent involvement components (coordinators, teaching teams including classroom volunteers and parent involvement assistants). The attendance of the director and the Policy Council chairperson would enhance discussion and facilitate implementation of planning.

The session is designed for 20-35 participants and may be 5-6 hours long depending on the handling of small group tasks and breaks. Participants will be involved in large and small group discussions and in small group presentations.

This entire workshop can be divided into two sessions for two separate days; covering the importance of parent involvement and the mandates at session one and then discussing problems and approaches to solving the problems at the subsequent session. (See Agenda items.)

Learning Objectives

- to review the purpose and importance of parent involvement in the education component
- to determine the Education and Parent Involvement Components' shared responsibilities and opportunities for involving parents in the education component
- to discuss planning processes and documents which can clarify individual responsibility
- to explore ideas for developing productive home-center relationships

Agenda

Introduction
The Importance of Parent Involvement in The Education Component
The Mandates Common to the Education and Parent Involvement Components
Some Problems
Approaches to Solving the Problems
Summary/Evaluation

MATERIALS

Flip chart, tape and pens

Paper for participant use

Copies, for each participant, of:

- Learning objectives
- Agenda
- Handouts

(If these are collated, and stapled together, a set can be placed at each seat prior to the session. This will eliminate the confusing process of passing each one out as needed during the session.)

ROOM ARRANGEMENT

If possible, set up the room to provide for 6 tables with appropriate number of chairs so small groups are already formed when participants are seated. If it is important to have preassigned groups, names can be written on the printed materials at each seat.

PROCEDURES

Topic and Approximate Time	Activity
Introduction 10 minutes	Introduce workshop topic. Review objectives and agenda.
Importance of P.I. 10 minutes	Cite research on Importance of P.I. in Education, p. 5.
Small Groups Task - Why Parent Involvement is Important 20 minutes	Form 6 small groups. Explain Handout #1. Provide each group with flip chart paper and pen to use for brainstorming and reporting.
30 minutes	Receive reports from total group. Post lists where all can see.
The Mandates 30 minutes	Mini-lecture Review Mandates, Handouts #2-7 and discuss opportunities for coordinated planning, p.6.
15 minutes	Break
Some Problems 15 minutes	Brainstorm and list "Problems." (p.7) Discuss some solutions. Suggest looking for more innovative solutions during next task.
Small Groups-Task Approaches to Solving Problems - 60 minutes	Assign small group tasks, Handout #8. Let them proceed. Handouts #9-14
60 minutes	Lunch
45 minutes	15 minute reports from each of 3 groups
15 minutes	Break
45 minutes	15 minute reports from each of 3 groups
Summary/Evaluation 15 minutes	Summarize by reviewing objectives and major points.

INTRODUCTION

From the initial development of component plans, job descriptions, personnel policies and plans, through program evaluation, staff evaluation and document revisions, COORDINATION IS THE KEY to establishing and maintaining meaningful parent involvement in the education component.

This workshop explores the importance of parent involvement and examines the mandates for involving all parents in the education component. These mandates are found in the Head Start Policy Manual and in both the Education and Parent Involvement Sections of the Head Start Performance Standards. The presentation of the almost duplicate mandates found in the Performance Standards is used as the basis for further exploration of a coordinated and cooperative approach to parent involvement in the education component.

Reference to parents throughout the workshop may be interpreted to mean the primary caregivers of the child whether they are both parents, a single mother or father, stepparents, grandparents, uncles, aunts, sisters, brothers, foster parents, or others.

THE IMPORTANCE OF PARENT INVOLVEMENT IN THE EDUCATION COMPONENT

TOPIC	KEY CONCEPTS
Importance of Parent Involvement in the Education Component	- If parents do not become interested and involved in their children's education during the Head Start year(s), then we succeed only in providing the child with a good year or two. According to University of Chicago professor Benjamin Bloom's research as reported in his book, All Our Children Learning, 1980, "The home environment still is the most powerful factor in determining how a child will do in school." He goes on to state that he believes where Head Start youngsters fail to maintain their gains, it is because the Head Start program has had little effect on the home environment. Urie Bronfenbrenner, in his 1974 report on longitudinal studies, also pointed out that where children had long-term gains, the program had worked closely with parents.
Small Groups Task Handout #1. Proceed with Task #1	- Let's explore why we think parent involvement in the education component is important to: the child the program the parent the staff the family the community
After groups have completed the task, receive reports and discuss briefly.	

THE MANDATES

TOPIC	KEY CONCEPTS
Selected Head Start Performance Standards in Education and in Parent Involvement and	Mini-lecture/Discussion - The Performance Standards mandate duplicate responsibilities to both the Education and Parent Involvement Components. - Everybody's responsibility sometimes becomes no one's responsibility.
Selections from the Head Start Policy Manual 1967 & 1970 Review ofHandouts #2-7	- Component Plans, Job Descriptions, Training Plans, and Communication Processes need to specify clearly who has primary responsibility and who helps.
OPTIONS FOR PRESENTATION The facilitator can briefly review each Handout identifying the duplications of responsibility and covering the key concepts as listed here for the mini-lecture. If time allows, the facilitator can use the six small groups to review and report on Handouts #2-7 with each group assigned to one of the Handouts. If this option is chosen, time will probably exceed the 30 minutes allotted. The small groups will be encouraged to review these Handouts again in the next group task which is outlined in Handout #8.	- Opportunities for fulfilling these mandates exist for both Education and Parent Involvement staff with: . Center Committee Meetings . Exploring Parenting Course and other Parent Training . Parents as Classroom Volunteers . Home Visits and Conferences . The Communication System as required in the P. I. Component plan. . Curriculum Committees - Parent Involvement and Education Coordinators need to plan and work together. - Classroom staff and P.I. staff need to plan and work together at the center and classroom level. - Coordinated Calendar is a necessity.

SOME PROBLEMS

TOPIC

Factors that make it difficult to achieve optimum parent involvement in the education component

Brainstorm with total group. Review and discuss the list. Add any key concept identified on this page which was not listed by participants.

Invite group to search for solutions to these problems as they work in small groups on their next task. (See next page.)

KEY CONCEPTS

- Teachers and their aides or assistants have been trained to teach children and have often had little or no training in working with adults.
- Teaching team job descriptions may not clearly incorporate parent involvement tasks, thereby leaving the impression that parent involvement is the exclusive responsibility of the parent involvement component.
- Head Start activities may be conducted in a time frame when some parents are unable to participate.
- Head Start parents may have living conditions which place a heavy drain on both their time and energy leaving them little of either for Head Start involvement.
- Parents may, themselves, have had many negative experiences with "schools" and perceive Head Start as one more "school."
- Parents may have more children than the Head Start child and minimal resources for child care.
- Parents may not have convenient transportation.
- Adequate time is not allocated by the program for planning and working with parents.

APPROACHES TO SOLVING THE PROBLEMS

TOPIC	KEY CONCEPTS
Small Groups Task Handout #8 Before groups begin work, review the Handout and how reports may be made.	Directions for the Groups
Group Work Handouts #2-7 and #9-14 as assigned on Handout #8	Ways to develop or improve: Parent Training Parents as Classroom Volunteers Communicating with Parents Involving Parents in Curriculum Development Home Visits and Conferences Teaching Staff Involvement with Center Committees
Reports	
Summary/Evaluation	Review Learning Objectives, page 1, Ask: What key points do you remember about this? - Objective by objective

Handout #1

THE IMPORTANCE OF PARENT INVOLVEMENT IN THE EDUCATION COMPONENT

Small Group Task

Instructions

A. Select a group leader/recorder/reporter (1 person)

B. Brainstorm and list on flip chart paper, the reasons you believe parent involvement in the Education Component of Head Start is important to each of 1-6 (below).

Brainstorming Rules
1. List every idea
2. Don't judge ideas as good or bad
3. Don't discuss

C. Go back through your lists; discuss and prioritize for reporting to the total group.

Reasons why parent involvement in the Education Component of Head Start is important to:

1. The Child	4. The Head Start Program
2. The Parent	5. The Staff
3. The Family	6. The Community (Local, State and National)

PARENTS AS THE PRINCIPAL INFLUENCE IN THEIR CHILD'S EDUCATION AND DEVELOPMENT

EDUCATION

PERFORMANCE STANDARDS

Subpart B-Education Services Objectives and Performance Standards

§ 1304.2-1 Education Services Objectives.

The objectives of the Education Services component of the Head Start program are to:

(c) Involve parents in educational activities of the program to enhance their role as the principal influence on the child's education and development.

PARENT INVOLVEMENT

PERFORMANCE STANDARDS

Subpart E-Parent Involvement Objectives and Performance Standards

§ 1304.5-1 Parent Involvement Objectives.

The objectives of the parent involvement component of the performance standards are to:

(a) Provide a planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's education and development.

TRAINING

EDUCATION

PERFORMANCE STANDARDS

§ 1304.2-2 EDUCATION PLAN

(e) The plan shall provide methods for enhancing the knowledge and understanding of both staff and parents of the educational and developmental needs and activities of children in the program. These shall include:

(2) Parent training in activities that can be used in the home to reinforce the learning and development of their children in the center;

GUIDANCE

(2) Some examples are:

- orientation and training sessions
- designing activities for children at home
- participation in classroom/center activities.

PERFORMANCE STANDARD

(3) Parent training in the observation of growth and development of their children in the home environment and identification of and handling special developmental needs;

GUIDANCE

(3) Provide parents with films, workshops, publications, specialists, professionals, etc., in child growth and development. Arrange for films, publications and specialists to provide training.

PERFORMANCE STANDARD

(5) Staff and parent training, under a program jointly developed with all components of the Head Start program, in child development and behavioral developmental problems of preschool children.

PARENT INVOLVEMENT

PERFORMANCE STANDARDS

§ 1304.5-3 Parent Involvement plan content: enhancing development of parenting skills.

The plan shall provide methods and opportunities for involving parents in:

(b) Experiences in child growth and development which will strengthen their role as the primary influence in their children's lives.

GUIDANCE

(b) Parents should be provided with guidance, information and training in the enhancement of their parenting skills, personal development, and child development concepts through such means as films, brochures, discussion groups, rap sessions, courses, books and parent-child interaction activities in the home or center. An excellent resource for accomplishing this goal would be the use of the twenty session Exploring Parenting curriculum, a parent education curriculum developed by the Head Start Bureau/ACYF in 1976 for use with Head Start parents.

PERFORMANCE STANDARD

(c) Ways of providing educational and developmental activities for children in the home and community.

GUIDANCE

(c) Parents could be exposed to specific activities which foster learning in children in the home, e.g., the use of common household items to teach the names of colors, as in "Bring me the blue towel," and in the community, e.g., planning a trip to the store.

Handout # 4

PARENTS AS CLASSROOM VOLUNTEERS

EDUCATION

Head Start Manual Sept. 1967

(1) STAFF TRAINING PROGRAM

EVERY HEAD START PROGRAM MUST HAVE A TRAINING PROGRAM FOR ITS ENTIRE STAFF.

Teachers and social workers are expected to train and supervise non-professionals and volunteers.

PARENT INVOLVEMENT

Head Start Policy Manual Section B2 - The Parents

(2) PARTICIPATION IN THE CLASSROOM AS PAID EMPLOYEES, VOLUNTEERS OR OBSERVERS

Head Start classes must be open to parents at times reasonable and convenient to them. There are very few occasions when the presence of a limited number of parents would present any problem in operation of the program.

Having parents in the classroom has three advantages. It:

a. gives the parents a better understanding of what the center is doing for the children and the kinds of home assistance they may require.
b. shows the child the depth of his parents concern.
c. gives the staff an opportunity to know the parents better and to learn from them.

There are, of course, many center activities outside the classroom (e.g., field trips, clinic visits, social occasions) in which the presence of parents is equally desirable.

Parents are one of the categories of persons who must receive preference for employment as non-professionals. Participation as volunteers may also be possible for many parents. Experience obtained as a volunteer may be helpful in qualifying for non-professional employment. At a minimum parents should be encouraged to observe classes several times. In order to permit fathers to observe it might be a good idea to have some parts of the program in the evening or on weekends.

Head Start Policy Committee/Council shall:

(e) aid in recruiting volunteer services from parents, community residents and community organizations, and assist in the mobilization of community resources to meet identified needs.

COMMUNICATION

EDUCATION

PERFORMANCE STANDARDS

§ 1304.2-2 Education Plan

(e) The plan shall provide methods for enhancing the knowledge and understanding of both staff and parents of the educational and development needs and activities of children in the program.

GUIDANCE

(e) The plan should indicate some of the ways parents and staff will work together to understand each child and provide for his learning experiences. The plan should include details of ways the home and center will attempt to supplement each other in providing positive experiences for the child.

There should be an early orientation to the Education Services Objectives. Special emphasis should be given to the significance of the materials, equipment and experiences provided in a Head Start Child Development program. Interpreters should be available to facilitate full participation of non-English speaking parents.

Procedures should be established to facilitate maximum communication between staff and parents, for example:

- newsletters
- parent/teacher conferences
- group meetings
- phone calls
- home visits
- posters, bulletin boards, radio/TV announcements.

PARENT INVOLVEMENT

PERFORMANCE STANDARDS

§ 1304.5-4 Parent Involvement plan content: communications among program management, program staff, and parents.

(a) The plan shall provide for two-way communication between staff and parents carried out on a regular basis throughout the program year which provides information about the program and its services; program activities for the children; the policy groups; and resources within the program and the community.

Communications must be designed and carried out in a way which reaches parents and staff effectively. (Policy groups, staff and parents must participate in the planning and development of the communication system used.)

GUIDANCE

(a) Examples of specific communication techniques include newsletters; home visits; training sessions; and policy group meetings. These techniques should be programmed to occur on a regular and continuous basis-e.g., monthly newsletter, and bimonthly group meetings.

Head Start Policy Manual: The Parents

The Head Start Policy Committee . . . shall:

(d) assist in communicating with parents and encouraging their participation in the program.

Handout # 6

PARENT INVOLVEMENT IN CURRICULUM DEVELOPMENT

EDUCATION

PERFORMANCE STANDARDS

§ 1304.2-2(b) Plan shall provide for:

(3) Including parents in curriculum development and having them serve as resource persons (e.g.,for bilingual/bicultural activities).

GUIDANCE

(3) Parents can be valuable resources in planning activities which reflect the children's heritage. Teachers may request suggestions from parents on ways to integrate cultural activities into the program. For example, parents may wish to:

- Plan holiday celebrations;
- prepare foods unique to various cultures;
- recommend books, records, or other materials for the classroom;
- act as classroom volunteers;
- suggest games, songs and art projects which reflect cultural customs.

PERFORMANCE STANDARDS

§ 1303.2-2(e) Plan shall include:

(1) Parent participation in planning the education program, and in center, classroom and home program activities;

PARENT INVOLVEMENT

Head Start Policy Manual Section B2-The Parents

TN-70.2 (8/10/70)

1. Head Start Center Committee. This committee must be set up at the center level. Where centers have several classes, it is recommended that there also be parent class committees.

1.) The Head Start Center Committee shall carry out at least the following minimum responsibilities:

a) Assists teacher, center director, and all other persons responsible for the development and operation of every component including Curriculum in the Head Start program.

b. Works closely with classroom teachers and all other component staff to carry out the daily activities program.

c) . . . . .

HOME VISITS AND CONFERENCING

EDUCATION

PERFORMANCE STANDARDS

§ 1304.2-2(e)

(4) Participation in staff and staff-parent conferences and the making of periodic home visits (no less than two) by members of the education staff;

GUIDANCE

(4) Areas of mutual concern to be discussed could include:

- ° child's developmental progress;
- ° child rearing issues;
- ° discussion of possible home activities to expand the Head Start experience;
- ° discussion of health problems or handicapping conditions of the Head Start child.

Although only two home visits are required, we suggest that consideration be given to visiting each child's home at the beginning, middle and end of the year. Arrangements for such visits should respect parent's wishes and convenience and should be coordinated with the visits of other component staff. At least one of these visits should be devoted to discussion with parents around areas of mutual interest and concern in order to identify home activities and other ways to expand the Head Start experience.

PARENT INVOLVEMENT

PERFORMANCE STANDARDS

§ 1304.5-3 Parent Involvement plan content: enhancing development of parenting skills.

The plan shall provide methods and opportunities for involving parents in:

(g) Meeting with the Head Start teachers and other appropriate staff for discussion and assessment of their children's individual needs and progress.

GUIDANCE

(g) Head Start staff should encourage parental interest in their child's development. Parents should be given the opportunity to meet with teachers on a scheduled and as needed basis throughout the year(e.g.,three home visits are recommended, although only two are required, at the beginning, middle, and end of the school year).

At these meetings parents and teachers should discuss the child's physical, social/emotional, and intellectual development and review the child's progress. Such meetings can be used to arrive at agreement regarding desirable short-range goals and some discussion of specific activities and experiences which may contribute to the child's progress toward these goals.

Home visits should be planned to enable staff to acquire a fuller understanding of each child's abilities and experiences. Such visits may also be used to help parents consider the child's current needs, interests and ability in order to plan home activities and interactions which will contribute to the child's progress. In addition to regularly scheduled teacher conferences, parents should meet with other Head Start staff on an as needed basis.

§ 1304.2-1 Education services objectives.

The objectives of the Education Service component of the Head Start program are to:

(e) Identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children.

4. Working with Their Children in Their Own Home in Connection with the Staff of the Center.

HEW required that each grantee make home visits a part of its program when parents permit such visits. Teachers should visit parents of summer children a minimum of once; in full year programs there should be at least three visits, if the parents have consented to such home visits. (Education staff are now required to make no less than two home visits during a given program year in accordance with 1304.2-2(e)(4).) In those rare cases where a double shift has been approved for teachers it may be necessary to use other types of personnel to make home visits. Personnel, such as teacher aides, health aides, and social workers may also make home visits with, or independently of, the teaching staff but coordinated through the parent program staff in order to eliminate uncoordinated visits.

Head Start staff should develop activities to be used at home by other family members that will reinforce and support the child's total Head Start experience.

Staff, parents and children will all benefit from home visits and activities. Grantees shall not require that parents permit home visits as a condition of the child's participation in Head Start. However, every effort must be made to explain the advantages of visits to parents.

Handout #8

SMALL GROUPS TASK

- Select group facilitator
- Read and discuss assigned handouts
- Complete assigned task
- Prepare report for total group

- One or all members of your group may give the report.
- Each small group will have 15 minutes.
- Be creative in your presentation.
  For example: Stage a mock meeting - or use an interview question and answer format - or involve the total group - or write it up as a newspaper article - or do your own thing...(Innovate!)

The Task

1. Decide on one or more goals for developing or improving the topic assigned to your group. Topics are:

- Training Parents Handouts #2, #3 & #9
- Parents as Classroom Volunteers Handout #4 & #10
- Communicating with Parents Handouts #5 & #11
- Involving Parents in Curriculum Development, Handouts #6 & #12
- Home Visits and Conferences, Handout #7 & #13
- Teaching Staff Involvement with Center Committees, Handout #5, #6 & #14

2. Tell why it is important.

3. List strategies.

4. Decide who should be responsible and who should be involved.

5. Will you need resources or consultants?

6. How much will it cost?

7. How long will it take?

8. Develop a calendar of activities and/or due dates.

9. How will you measure your degree of success?
   Will there be a product?
   Can you keep statistics?

10. Who needs to be consulted and/or to approve the effort?

NOTE - Each group should complete at least 1-4, going on to 5-10 as time allows.

Handout #9

Parent Training Related to the Education Component

Training opportunities and learning experiences happen spontaneously and in formalized training sessions. Depending on the receptivity of the parent, learning may occur through individual reading, through a brief conversation or at a formal training session. Staff members must, therefore, plan for every opportunity; formal and informal.

Programs frequently provide a global orientation session to all the components of Head Start. In addition, parents should be offered an orientation process to the classroom. Some programs achieve this partially by staggered enrollment policies which allow time for just a few of the children and parents to be introduced to the classroom and its procedures each day.

Inviting parents to staff training rarely works well unless special invitations are sent, assistance is provided for transportation and child care and there is some assurance that other parents will be there. In addition, the trainer needs to plan for parent participation. Education and Parent Involvement staff will need to collaborate and plan carefully if this effort is to be successful.

Teaching and parent involvement staff can encourage parent attendance at formal sessions through sending notices, verbal encouragement, developing parent buddy systems, posting information on the bulletin board and their own attendance.

Some program's newsletters regularly include boxes with very short parenting hints.

See notes on parent training which appear in Handouts #10-14 marked by an asterisk (*)

Handout #10

Parents as Classroom Volunteers

There are many opportunities to meet the mandates for parent involvement when parents volunteer or visit in the classroom. To name a few:

- Involving parents in educational activities
- Parents observing growth and development
- Parents serving as resources

* For these experiences to have the most meaning, however, interpretation and guidance are important. Providing appropriate guidance and interpretation is staff's role.

It is useful to have a Volunteer Job Description which covers: Duties, Time Commitment, Supervisor, Qualifications, Contributions, Training and Resources.

Teaching teams and parent involvement assistants need specific time to plan for encouraging, scheduling, training, utilizing and showing volunteers they are appreciated in the classroom.

* Teaching teams may welcome an opportunity to prepare and role play interactive presentations or interactions with parents. This could be done with other teaching teams giving positive feedback. Topics might include:

  - Story reading and/or telling
  - Classroom discipline
  - Using positive language
  - Supervising art activities
  - Using games with young children
  - What is "reading" in preschool?
  - How parents can prepare for a home visit

* Each program could develop a procedural handbook, to be used by staff and parents, which lists step by step procedures for doing routine tasks such as art activities or mealtime. It could facilitate training and serve as a daily resource.

* Some programs have a series of cassette tapes in each classroom which are part of the volunteer training program. Volunteers are assisted to listen to one each time they come to help, until they have heard the complete series.

Special activities can be ready for volunteers to choose. These would be activities not available unless there is a volunteer. For example: bubble blowing, cracking nuts, short walks with 3 or 4 children to see or do something specific or practicing ball skills with identified small groups.

Opportunities for learning what parents like to do, scheduling, encouraging and training classroom volunteers, exist at every classroom or center committee meeting.

Volunteers should be given an opportunity to formally evaluate their experience.

Survey parents who were involved minimally, or not at all, to determine impediments.

* Parent Training

Handout #11

Communicating With Parents

Every Head Start program is required to develop a written two-way communication system, staff parents. This system is a part of the Parent Involvement component plan. Because good communication is mutually beneficial to staff and to families as each strives to fulfill its role, education staff members will want to be familiar with this plan and to assist in its implementation.

Some specific communication techniques include:

Classroom/Center Newsletters

These can be done by parents and teaching staff, monthly or as needed to:

- announce a meeting, party or study trip,
- request materials,
- inform of center job availability,
* - identify focus in classroom,
* - suggest at home curriculum activities, or
- thank or request volunteers.

Keep it short.
Use parents and children's names, often being sure to omit no one.
Make it fun!

Center Parent Room or Parent Corner

This space is often the responsibility of the Parent Involvement component and can provide a comfortable spot for staff and parents to share conversation. *Teaching staff can plan with parents and parent involvement staff for use of the display space for the Education Plan, curriculum ideas, at home activity sheets (regularly updated) and other education or parenting materials.

Parent Bulletin Boards

Well planned bulletin boards are an important means of communication between staff and parents and help to give the center a pleasant and welcoming atmosphere.

Facts to remember:

- People read left to right and not much above eye level.
- If the display doesn't change, people will cease to look at it.
- People like to see pictures of themselves and their children and/or their names.
- Short messages are more likely to be read than long articles.
- It's special to find personal messages at the center.
- It's more fun to plan and create bulletin boards and displays when you have help.

At the center level, a staff member will probably have to begin the effort. But to improve your parent bulletin board and displays, consider trying the following:

- Recruit help and make it the joint responsibility of several people; for instance, a center parent, a teacher or aide and a Social Services/Parent Involvement worker might make up the group.
- Set regular dates and divide up the responsibilities to update and/or totally redo the displays.
- Use pictures of program parents and staff and identify them by signs with their name and role. (Helpful for all)
- Keep trying to use it as a two-way communication tool.

Here are some titles to try; all, just one, or a few at a time, depending on available space and energy.

GOOD PEOPLE TO KNOW	GOODS OR SERVICES NEEDED
Pictures of: Staff Center officers with names and role P.C. officers (Can eventually include all center parents)	Might include requests such as: Baby-sitter needed,... Can anyone teach me to knit?... Transportation needed to P.C. mtg...
NEW OR USEFUL INFORMATION	GOODS OR SERVICES AVAILABLE
Newspaper clipping about H.S. funding Parenting tips Suggestions for volunteers Referrals such as: *Have you seen the article on discipline in this month's Women's World? (on table in parent corner)	Could include notes from parents advertising: Avon Sales,... Infant care in home,... Ironing in home,... Crib for sale,... Parties catered,...

PROGRAM ACTIVITIES	OTHER MESSAGES
Calendar, marked appropriately Field trips P.C. meetings Training sessions Special notes such as: Don't forget the mtg. on the 9th is a potluck. OPPORTUNITIES *Post information about programs by: YWCA/YMCA Cooperative Extension Mental Health Community College, etc.	Found: VW Hub Cap (Center parking lot) Call _____ ANNOUNCEMENTS AND THANK U'S Could include: Thanks to_____&_____ for mending the center's books. Nelda & Mac had a baby boy 10/3 8 lbs. 4 ozs, 20" Everyone fine!

Notes Home

Everyone likes a personal note if the contents are pleasant to receive and parents who receive such notes are more apt to write them. Included could be something a child said, did, showed an interest in, or a report on a budding friendship. Notes of a less personal nature could report what the class is learning with an *idea for an at-home activity to reinforce that learning. Parents, in turn, can let staff know about important family events. If communications are regular, a note about a problem or request for help is easier to receive.

Program Calendar

The administrative staff can develop a program calendar to include dates and information about major program events such as training sessions, when home visiting is scheduled, when centers will be closed and when Policy Council meets. Classroom notices can give additional dates for study trips, parents' and childrens' birthdays, center committee meetings and health screenings.

Telephone

A word of caution - Although a prompt means of communication, the telephone is not an ideal means because:

- All families do not have telephones.
- The telephone often interrupts family activities.
- Everyone is not comfortable on the phone.
- One cannot be sure who hears the message and confidentiality could be breached.
- Participants may not really "hear" what is being said without the body language of facial expressions and posture.
- A written record still needs to be made.

****

All of the above may require translation where families do not speak, read or write English.

Scheduling Communications

The timing of communications should not be haphazard; parents appreciate knowing when they can expect opportunities to exchange information with the staff.

The planners should determine how often various types of communication will take place. The schedule should include weekly, monthly, quarterly, and annual communications. The schedule should be realisitc in terms of how much can actually be accomplished by staff members." From: "A Handbook for Involving Parents In Head Start," Head Start Bureau, ACYF, HEW 2/80, Chapter 10, Developing a Communications System.

* Parent Training

Handout #12

Involving Parents In Curriculum Development

Education coordinators and teaching teams are often searching for ways to reach more parents and to involve them in curriculum development and education program planning. This can be done by:

- Incorporating into the curriculum, the individual activities which teachers and parents have planned for specific children.

- Including parents in classroom planning times. Planning may be done after class, before a center committee meeting or at other specially arranged times convenient for parents. Teachers may need support in the form of flexible working time.

- *Establishing curriculum committees of parents and staff in which parents particularly contribute ideas for At Home Activities to augment classroom learning.

- *Implementing library committees of parents who assist in selections of books for the classroom to support concept development as appropriate to the curriculum. (Purchase and/or library books)

- *Setting up a Toy Lending Library with parent help. Each toy would include a card specifying its use and educational value.

- *Planning for teacher involvement with Center Committees. Curriculum development could be an ongoing topic for teacher-parent interaction.

- *Involving parents in selecting sites for study trips appropriate to concept development themes being emphasized in the classroom.

- Determining what resources parents may be willing to share and incorporating these into classroom planning. This might include special skills or abilities, knowledge of particular cultures, interesting places of work or special hobbies.

- Evaluating the effort, making new plans and trying different approaches. A program could begin two lists related to parent involvement with curriculum. List 1 - Ways parents are involved in curriculum development. List 2 - Other ways parents <u>could</u> be involved in curriculum development. Circulate it among teaching teams for their input and use with Center Committee meetings.

* Parent Training

Handout #13

Home Visits and/or Conferences

Performance standards require two education home visits annually while recommending three. Scheduling after Fall and Spring child assessment is often logical. Times for completion of home visits could appear on the program's time line and/or coordinated calendar.

Keeping statistics on parent involvement is essential . In cases where parents do not become involved as volunteers in the classroom, at center committee meetings, special training sessions or social events, consider increasing the home visiting effort.

* Provide parents with information, ahead of time, about the purpose of the visit and ways they can prepare; e.g., keep records or write down concerns and questions they wish to discuss.

When safety in the home or community environment is a concern to the staff, it may be appropriate for the teacher and aide to travel and visit together.

* The parent is the focus of the visit. Staff will want to discuss things the parent is doing or can do rather than only exploring or evaluating what the child does. The goal of the visit is to help the parent feel more capable of supporting and assisting his/her children's education.

* Materials taken into the home and left there can reinforce a concept of the teaching/learning process for 3's and 4's. Items can be as simple as an egg carton to use for sorting or seriating collections of small items (buttons, rocks, or crayon pieces).

Staff may wish to accumulate resource materials which offer a variety of ideas and methods for conducting successful educational home visits or conferences.

Job descriptions or task specifications related to the job description should specify the program's expectations for teaching team home visits and conferences.

Coordinators will want to go on home visits with staff occasionally and provide feedback. Parents must know ahead of time, and agree to the coordinator's visit. The home visitor must realize that (s)he is still in charge and the coordinator is going as an interested observer.

Inexperienced staff will need training which includes role play of instances anticipated in a home visit, followed by feedback.

Examples

Team planning of visits.
Asking open-ended questions.
Identifying and handling special needs.
Developing goals for children with parents.
Planning classroom and home strategies to achieve goals.
Explaining how children learn to read.
Coping with the television set.
Staying on the subject, politely.
Coping with visitors.

* Parent Training

Handout #14

Teaching Staff Involvement with Classroom and/or Center Committee Meetings

Although there are no mandates in education in this area, Classroom and/or Center Committee meetings can provide a regular opportunity for teacher - parent communication both, formally and informally, around such topics as child development, curriculum, home activities, volunteering and participating in trips and celebrations. Teaching staff can facilitate this process by:

- Planning with parents and parent involvement staff to achieve a format for center meetings that allows some time for teacher/parent interaction. For example:

Meeting Format

I. Social Time (All)
II. Information Sharing (Teaching team and parents)
III. Business Meeting (parents with parent involvement staff as resource)

(Parents and all staff who wish such time (II.) may need to develop a schedule.)

* Specific topics for information sharing could include:

- Using parent skills and interests in the classroom
- Selecting educational topics of interest to parents
- Selecting study trips for children
- Preparing for home visits
- Celebrating holidays and birthdays in the classroom
- Activities that help children learn to read
- Planning kindergarten visits
- Long term classroom planning
- The volunteer teacher aide schedule

*Note: Teaching team involvement with parent education offerings such as Exploring Parenting can also provide good opportunities for mutual problem solving and understanding.

Directors and coordinators can help facilitate teacher involvement with classroom and/or center committees by:

- Allotting adequate and appropriate staff time and budget for teaching staff participation with classroom and/or center committees.

- Providing opportunities for teaching staff to practice their presentation/discussion techniques with adults and get feedback.

- Specifying teacher tasks related to the classroom and/or center committee in job descriptions or task specification.

For example: "Plans with parent involvement staff and parent leader to ensure:

Meeting time and space
Timely notices
Planned agenda
Snacks and beverage

Attends appropriate part of meeting to:

Provide regular communication about classroom emphasis and At Home Activities
Determine classroom volunteer schedule
Elicit parent input to curriculum
Organize annual classroom repair/ inventory workshop
Plan with parents for study trips and celebrations."

* Parent Training

References

Bloom, Benjamin, All Our Children Learning, 1980, McGraw-Hill Pub. NJ

Bronfenbrenner U., Editor, 1974, "A Report on Longitudinal Evaluations of Preschool Programs, Vol. II Is Early Intervention Effective," ACYF,DHHS

"CDA Competency Standards and Assessment System," Child Development Associate National Credentialing Program, 1984.

"Effective Utilization of Volunteers in Head Start Programs," Center for Volunteer Development, VA Polytechnic Institute and State University, Blacksburg, VA, 24061

"A Handbook for Involving Parents in Head Start," Head Start Bureau, ACYF,DHEW, 2/80

"Head Start Child Development Programs, A Manual of Policies and Instructions," Sept., 1967, Bureau of Head Start and Early Childhood, OCD,DHEW

"Head Start Program Performance Standards," (45 - CFR 1304). November 1984, Head Start Bureau, ACYF,OHDS,DHHS

Transmittal Notice - "Head Start Policy Manual", 70.2, Instruction I-31, Section B2, The Parents, 8/10/70 Head Start, OCD,DHEW

Helping Parents Make the Transition from Head Start to Public School

by Sylvia Carter

OVERVIEW

This workshop can be conducted as either one four-hour workshop or two two-hour workshops. If this workshop is to be conducted as a two part training event, a logical point to divide the content is following the break. This workshop focuses on the transition of Head Start parents from the local program into the public school domain. It is designed for a maximum of 30 participants. The workshop design is suitable for parent coordinators, T/TA Liaisons, education coordinators and community volunteers with training experience or skill in working with adults. The content especially lends itself to team training because each person could divide topical areas.

This workshop does require preparation and a certain amount of research on the local school system or the school district in which Head Start children live. Special attention should be given to local education regulations, policies, codes, terminology, etc. In some communities, a representative from the local school district might be invited to participate.

The separation of parents from Head Start is met with a combination of anxiety and excitement. As the program year draws to a close, parents begin to look forward to the kindergarten experience. Some parents will be ready to meet the challenges of a new school, a principal, new teachers, new curriculum and a lot of unanswered questions. Other parents, feeling comfortable and safe in the Head Start cocoon, may experience fear, anxiety and uncertainty.

Separation for parents and children means leaving behind old friends, teachers, center, a friendly bus driver and other caring people. Often, the world of public school seems foreign to people who have grown accustomed to ongoing involvement in decision making, education, volunteering, problem solving and planning. Research has substantiated the positive correlation between parental involvement and pupil success. Therefore, the need for the continuity of parental involvement does exist.

The transition process for parents should begin during the last three months of their Head Start experience. However, it will be necessary for staff to maintain open lines of communication during the entire year with the school system. When Head Start staff develop and maintain linkages with the public school, it will be easier to enhance the process of transition for parents.

Staff could become acquainted with local school principals, teachers, ancillary personnel, Parent-Teacher Association or Parent Teacher Organization (PTAPTO) presidents and other key school personnel. School staff could be invited to Head Start activities and events throughout the year in order to establish relationships with Head Start parents and staff. In addition, an exchange of newsletters could further enhance communication and

relationships. A logical time to meet school personnel is during Kindergarten registration, if applicable.

LEARNER OUTCOMES

The participants will be able to:

1. identify Head Start and Public School expectations for parents
2. review and understand basic school policies and regulations
3. define a process for building linkages with the public school
4. develop a personal parent information and support system.

MATERIALS

Prior to the implementation of this workshop, at a minimum, the following materials should be available to participants (copies of this material could be placed in a ring binder and distributed to each person, if appropriate):

- Local public school calendar
- Selected public school codes, regulations and policies
- Glossary of frequently used school related terms
- Schedule of PTAPTO meetings
- List of approved school organizations
- List of school/community committees
- List of special school services
- Volunteer regulations
- List of required immunizations, emergency procedures, etc.
- School personnel and teacher assignment, if possible

- Sample classroom materials including workbooks, curriculum, study kits, etc.

- Notebooks/Ring binders

AGENDA

INTRODUCTION

WARMUP ACTIVITY

OVERVIEW OF HEAD START Lecturette

LOOKING INTO THE MIRROR: MUTUAL EXPECTATIONS AND PERCEPTIONS
Large and Small Groups

REPORT BACK

BREAK

SCHOOL POLICIES AND REGULATIONS: HEAD START VS PUBLIC SCHOOLS
Lecturette

BUILDING LINKAGES WITH PUBLIC SCHOOLS

BREAK (OR END OF PART I)

DEVELOPING A PARENT SUPPORT SYSTEM

GETTING TO KNOW YOU DEVELOPING A PARENT PROFILE

SUMMARY/EVALUATION

PROCEDURES

Approximate Time	Activity
10 minutes	Introduction Review the agenda and objectives. Ask participants what, if any, objectives or questions they might have that are related to the trainer's objectives. List their objectives on a piece of newsprint and display on a wall. Refer to all objectives at the end of the session.
20 minutes	Warmup activity Ask participants to complete the following sentence stems individually: Every child should have an opportunity to.... New experiences nearly always make me feel.... When I think about the public school, I usually feel.... After completing the task, ask participants to find one other person with whom to share their responses. Allow a few minutes (five) for each person to share. Announce that time is up. Report Back and Discussion Ask participants to briefly share some of their responses. List key words on newsprint. Use this list of words as a leadin to the next activity.
10 minutes	Head Start: A Meaningful Experience Lecturette (See Lecturette #1)

30 minutes

Looking Into the Mirror: Mutual Perceptions
Large Group: Discuss the meaning of perceptions and how they have an impact on our relationships and interactions with others.

Prior to the workshop, use four sheets of newsprint and print the following heading on each numbered sheet:

Sheet #1

CHILDREN

HEAD START PUBLIC SCHOOL

Sheet #2

ROLE OF PARENTS

HEAD START PUBLIC SCHOOL

Sheet #3

ROLE OF COMMUNITY

HEAD START PUBLIC SCHOOL

Sheet #4

ROLE OF TEACHER

HEAD START PUBLIC SCHOOL

Trainer will need to acquire either a whistle, loud gong, cymbal, tuning fork, or some other tool that could be used to sound a loud signal to start or stop an activity.

Small Group Activity: Problem Solving Circles. Divide the large group into four small groups and ask groups to either sit around a table or in a circle. Groups should be placed in the four corners of the room or at least not in close proximity to each other.

Directions: Inform the groups that each will be given one sheet of

newsprint on which to record their brainstormed responses to the category listed at the top of each sheet. Each group must identify someone to be recorder to write the groups' responses, a reporter to share with the large group and a passer who passes the sheet, in a clockwise rotation, to the next group.

Groups will be given 2-minute time segments to brainstorm and record as many responses to the topic as possible. At the end of two minutes, the trainer will give a signal and the passer will rush the sheet to the next group. The rotation continues until each group receives its original sheet.

Each group will be given an additional two minutes to identify the three most important responses on their sheets. The responses should be numbered from 1 to 3 in order of importance.

Report Back.
Recorders will be asked to share the top three responses with the large group.

A brief discussion should follow the reporting from small groups. Ask participants how these expectations and perceptions could enhance or hinder relationships between Head Start and public schools. Identify differences and similarities. What opportunities exist for cooperation, conflict?

Distribute Handout #1.

30 minutes

School Policies, Regulations and Rules Lecturette and Demonstration.

At least six weeks before this workshop is scheduled, invite a representative from the local school district to speak on school policies and regulations. Follow up the invitation with a confirmation letter. Be sure to spell out carefully what the school representative is expected to do.

Prior to this workshop, prepare notebooks or ring binders for parents that

include selected samples of school regulations, policies and rules. On several tables, assemble samples of the original documents for parents to peruse. Hand out materials and discuss the importance of being familiar with existing regulations. Explain the purpose of the materials. Use the following questions as the bases for a brief discussion:

- What are some of the ways Head Start regulations and public school regulations differ for parents? children? teachers?

Ask participants to move around the room and review the materials. Answer questions or invite the resource person from the local school district to conduct this segment of the workshop. The school district representative could enhance the workshop by adding a personal touch to the discussion. At the end of this segment, distribute Handout #2 and have participants complete the checklist. If participants indicate a need for more information, this should be discussed with the local school district representative.

20 minutes — BREAK

10 minutes — Building Linkages: A Process Mini-Lecture (Handout #3). Large Group.

Discuss Steps I thru IV with the participants. This activity serves as a review of the first half of the workshop as well as an introduction to a key process.

10 minutes — Developing A Communication System Between Head Start and Local School System (Step V)

Brainstorm Ask group to brainstorm additional ways to develop or enhance communication. List responses on newsprint. Highlight or asterisk those

suggestions that are currently being used in the program.

30 minutes

Develop a Personal Plan of Action (Handout #4)

Each participant will be given a planning sheet and asked to find a partner whose child will be attending the same school. Together, the participants should develop individual plans. Each partner must then agree to provide support to the other person in the implementation of personal plans. Suggest that partners exchange phone numbers and set dates to check on progress. If someone does not have a partner, arrange for this person to meet a parent from his or her child's school at a later date.

The trainer should move around the room and provide assistance when needed. These plans should then be placed in the notebooks.

5 minutes

Process this activity by asking the following questions:

- How did you feel about doing this activity?
- What was most helpful?
- What was least helpful?

10 minutes

Parent Support System Lecturette

Discuss the importance of a support system for Head Start parents as their child enters public school. See Lecturette #2.

20 minutes

Small Groups: Develop Parent S.O.S. Sheets

Distribute Handout #'s 5 & 6 to all participants. Review with entire group. Divide large group into four (4) small groups. Give each group copies of one (1) of the following:

Handout #7 What I Want to Know About Testing for Children

Handout #8 How to Prepare for a Parent Teacher Conference

Handout #9 How to Ask a School Counselor for Help

Handout #10 How to Get Involved in the PTAPTO

Each group is asked to brainstorm at least 8 ideas for their respective sheets. At the end of 10 minutes, a reporter from each group will share with the entire group. Other participants are asked to make additions to each sheet if they so choose. Collect a sample of all group reports. Immediately following the workshop, have all sheets typed, duplicated and distributed to each participant.

Inform all participants that they will receive copies of their report following the meeting. Encourage each team or partnership (parents) to develop these typed sheets on an ongoing basis and to share them during the year.

15 minutes

Getting To Know You: Developing a Parent Volunteer Profile (Handout #1)

Large Group: In preparation for their public experience, participants will receive Handout #11. The purpose of this activity is to gather personal information about parents that would be forwarded to the principal at each school. This process sets a tone for future communication and collaboration between Head Start parents and the public school.

Each participant is asked to complete the form. Once the forms are completed they will be collected, typed and reproduced. It is suggested that these profiles be given to the school principal during the initial parent visit. Ideally, this visit could be

made prior to the end of the program year. In September, parents should make a followup visit and remind the principal of the profile which was distributed earlier.

The trainer should be prepared to assist participants in the completion of the Parent Volunteer Profile.

15 minutes

Summary and Evaluation.

Review the workshop objectives. Ask each participant to complete an evaluation form.

LECTURETTE #1

Head Start - A Meaningful Experience

What we are as human beings is representative of the sum of all our experiences from birth through adulthood. Looking back, some experiences were joyful, some painful and many had great meaning to us. These experiences helped us to grow and develop character and a values system. Some people had similar experiences when growing up; others had totally different experiences. The one experience that most people have had, however, is associated with school. For some, school was challenging and fun; for others it was a demeaning experience filled with fear and confusion. Memories return all too quickly when someone mentions school.

Head Start is based upon the philosophy that every family and child should be given the opportunity to have meaningful and lasting educational experiences. It is through these experiences that change occurs in the family and community. Support and encouragement are the basic tenets of this sound approach to family development.

Parents are encouraged to get involved in every aspect of the program. Partnerships between parents and staff are nurtured on an ongoing basis. Expectations are (and should be) clearly defined so that everyone knows how the rules of the game operate.

These experiences set the tone for future experiences in the community and especially the public school. Parents develop skills, expertise and, especially, self-confidence that assure involvement in their child's education.

HANDOUT #1

BASIC CONCEPTS IN PARENT/STAFF INTERACTIONS

The understanding of several basic concepts in relationships is helpful to staff members and parents who wish to improve their working relationships and enhance their communication skills. The following concepts may suggest areas for consideration:

1. Expectations of staff roles and parents' roles affect the nature of the relationships. An open discussion of mutual role expectations can often remove existing or potential barriers to a good relationship.

2. Staff members and parents who receive help or services from a staff member may experience a feeling of dependency. Dependent relationships often produce some hostility and resentment.

3. Parents and staff members often form initial impressions and assign labels to each other. Staff members may be labeled indifferent, uncooperative, rigid, irresponsible, rejecting, etc. Recognition of the labeling process can minimize the problem.

4. Parent/Staff interactions are chain reactions. Problem relationships are not a result of the behavior of any one person. What each person does affects the other person and a chain reaction is set off.

5. Change in a relationship can be started by one person. Either person can assume a different role, attitude or behavior and alter the nature of the relationship.

6. Staff members and Parents have "ghosts" from their background experiences. Persons tend to assume attitudes, prejudices, anxieties and expectations that are carryovers from early life experiences.

HANDOUT #2

BUILDING LINKAGES BETWEEN HEAD START AND THE PUBLIC SCHOOLS

Suggested Resources for Parents

RESOURCE	(x)ADEQ. INFO	(x)NOT SURE	(x)NEED INFO
• Glossary of public school terminology			
Ex.: Media Center			
MultiPurpose			
Open Space			
Pod			
Gifted and Talented Program			
Mainstreaming			
• School Regulations/Codes			
Volunteer Regulations			
Union Regulations			
Health Codes			
• School Organizations			
PTA/PTO Membership			
Citizen Committees			
Evaluation Committees			
• StaffParent Conferences Regulations			
Scheduling			
Expectations			
Parental preparation			
Parental Rights and responsibilities			
• Key Personnel and Roles			
Superintendent			
Principal			
Pupil Personnel staff			
Coordinator volunteers			
School Counselor			
• Schedule of Meetings			
Board of Education			
PTA/PTO			
Special Hearings			
Curriculum Review Committee			
Textbook Review Committee			
• Special School Services			
Tutoring			
Before and After School Programs			
Cooperative Baby-sitting			
• Curriculum			
Type			
Involvement of Parents			

HANDOUT #3

BUILDING LINKAGES: A PROCESS

Step I Research
Conduct research efforts that include:
- Philosophy of education
- Priorities
- Regulations
- Legislations
- Staffing Patterns
- School Boundaries/Zones

Step II Identify Differences and Similarities Between Head Start and the Public Schools

Step III Identify Potential for Conflict/Confrontation

Step IV Identify Potential for Cooperation/Coordination/ Networking

Step V Develop communication system between Head Start and Local School System

- Joint Interviews between Head Start and School Staff
- Adopt a Neighborhood School
- Exchange newsletters
- Informal Rap Sessions
- Special events/activities
- Joint training
- Speaker/consultant exchange
- Communitywide activities

Step VI Develop Personal Plan of Action
- Goals
- Objectives
- Time line
- Resources

Step VII Implement Plan

Step VIII Evaluate

Developed by : Sylvia Carter
Parent Involvement Training Specialist
Head Start Resource and Training Center

HANDOUT #4

PERSONAL PLAN OF ACTION

My Name: _____ School: _____
Partner: _____
Address: _____
Phone : (___) _____

OBJECTIVES:

TIME LINE:

RESOURCES (available):

RESOURCES (needed):

Partner Checkpoints

#1 DATE	#2 DATE	#3 DATE
COMMENTS:	COMMENTS:	COMMENTS:

LECTURETTE #2

A Parent Support System

For many parents, involvement in the public school system will be a totally new experience. Head Start is like a comfortable pair of well worn shoes. Parents, after experiencing nearly a year in the program, are aware of how snugly they fit into the scheme of things. Parents know where the bumps or hard places are. By the same token they also realize where the smooth areas and experiences can be found.

The public school experience could represent an adventure into uncharted waters in a leaky vessel. Parents want to know what is expected of them in order to complete the voyage and land safely at port. Although parents have been equipped with school policies, regulations, guides, lists, etc., they are often not ready to step out on their own. They will need some kind of ongoing support before they develop the confidence to move forward.

A parent support system provides a degree of security, comfort and assurance for those who are in need of it. Since the public school system differs from Head Start in many ways, parents will need to know that a support system does indeed exist. That support system could come in many varieties. Ingredients of a support system for parents might include:

- a room set aside for parents in the public school
- a bulletin board for parents that includes information on parenting, meetings, resources, etc.
- a telephone tree for parents
- baby-sitting services at school for parent volunteers
- specific guidelines and information regarding school issues, practices and policies
- a special parent newsletter
- a school staff person assigned to work closely with parents

Any parent support system should be designed to help parents become actively involved in their child's education. This support system could be designed by parents, staff or a combination of both.

The following activity is designed as a self-help experience for parents. Throughout the school year, parents will often have

questions regarding school related issues. Some of these questions can be addressed early in the year. Some standard questions will be addressed during this next activity.

Sample S.O.S. Sheets for Parents (Handout #'s 7 & 8) will be distributed. These sheets are one ingredient of a parent support system and can be included in parent notebooks.

HANDOUT #5

SCHOOL S.O.S. SHEETS FOR PARENTS

TITLE: How To Get To Know Your Child's Teacher

- Find out who s/he is; get to know something about her/him
- Talk to your child about the teacher
- Attend open house, conferences, special activities
- Join and attend PTA/PTO meetings
- Volunteer in classroom
- Write notes to teacher and ask for response
- Use telephone
- Read all material sent home
- Lend support and ideas
- Be honest and direct
- Ask questions

SCHOOL S.O.S. SHEET FOR PARENTS

TITLE: What Information Do I Need As A Parent of A Child Who Attends School in this City/County?

- Name of superintendent
- Names of the Board of Education members
- School districts/divisions
- Enrollment Policies
- Pupil-teacher ratio
- Transportation
- Volunteer Program
- Instructional Programs
- Special Education Programs
- Human Relations Policies
- Community Services

HANDOUT #7

SCHOOL S.O.S. SHEET FOR PARENTS

TITLE: What I Want to Know About Testing for Children

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

HANDOUT #8

SCHOOL S.O.S. SHEET FOR PARENTS

TITLE: How To Prepare for A Parent-Teacher Conference

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

HANDOUT #9

SCHOOL S.O.S. SHEET FOR PARENTS

TITLE: How To Ask A School Counselor for Help

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

HANDOUT #10

SCHOOL S.O.S. SHEET FOR PARENTS

TITLE: How To Get Involved in the PTA or PTO

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

HANDOUT #11

PARENT VOLUNTEER PROFILE

NAME _____
ADDRESS _____
_____
PHONE (____) _____
CHILD'S NAME _____

Volunteer experience in Head Start:

Things I do well:

Things I would like to do at school:

School organizations I am interested in:

Questions I have about school:

RESOURCES

Lavine, J. L., Communication Partners - Children, Parents, and Teachers, 1985. Interstate Printers and Publishers Inc., Danville, IL 60606. 36 pp. $3.50.

Schiweinhart, L. J., Barnett, W. S., Epstein, A. S., and Weikert, A. P., Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19, 1984. High/Scope Press, 600 N. River St., Ypsilanti, MI 48197. 210 pp. $15.00.

Harris, R. A.,How to Select, Train and Use Volunteers in the School, 1985. University Press of America, 4720 Boston Way, Lanham, MD 20706-9990. 38 pp.

Clay, Phyllis L. Single Parents and the Public Schools How Does the Partnership Work, 1981. National Committee for Citizens in Education, 410 Wilde Lake Village Green, Columbia, MD 21044. $3.25.

Sias, Esther and Reynolds, Lydia, How to Get to School From Your House - A Parent Involvement Guide, Parents and Educators of Chattanooga, TN.

Effective Utilization of Volunteers in Head Start Programs, by Head Start Task Force Region III. Available from the Center for Volunteer Development, Cooperative Extension Service, Virginia Polytechnic Institute and State University, Blacksburg, VA 24061. 81 pp. $2.50.

Herndon, Enid B. "Your Child and Testing", Consumer Information Center, Dept. 520J, Pueblo, CO 81009. Free.

ORGANIZATIONS

National School Volunteer Program
701 N. Fairfax St., Suite 320
Alexandria, VA 22314

The National Center for Citizen Involvement
1111 North 19th St., Suite 500
Arlington, VA 22209

National Congress of Parents and Teachers
Association
708 North Rush Street
Chicago, IL 60611

Common Childhood Diseases

Introduction

by Debra Hawks

Involvement with other children and exposure to environmental conditions unlike those at home cause the preschooler to contract communicable diseases more frequently than any other age group. Immunizations prevent some of these diseases. However, communicable diseases for which there are no immunizations require early recognition and prompt treatment in order to prevent serious complications.

Childcare staff need to know which disease symptoms require immediate attention and which need only to be observed, how to observe these symptoms, and how to determine whether there are associated findings accompanying the disease which would aid in diagnosis of the disease.

The intent of this workshop is to increase staff awareness of their role in health surveillance, to sharpen their observational skills of the well and sick states, and to increase appropriate actions by staff in handling sick children.

COMMON CHILDHOOD DISEASES

OVERVIEW

This 4-hour workshop is designed for 25-30 people who are Head Start Staff (e.g., Teachers, Home Visitors, Teacher Aids, Health Coordinators). It uses small and large group activities, lecturettes, and the viewing of a film, "You Can See Tomorrow" and the slide series "Recognizing Common Communicable Diseases." The workshop focuses on the basic principle of common childhood diseases and the role of the staff in health surveillance.

Learner Outcomes

The participant will be able to:

- identify common childhood diseases and illnesses
- recommend health treatment(s) appropriate for the sick child
- increase staff awareness of their role in health surveillance of children
- develop/expand observational skills of well and sick children

Agenda

Introduction

Role of the Staff

Film, "You Can See Tomorrow"

Observational Skills

Break

Pinciples of Infectious Diseases

Common Childhood Diseases

Slide Series, "Recognizing Common Communicable Diseases"

Case Studies

Summary and Evaluation

Materials Needed

Flip Chart Paper

Marker

Masking Tape

16mm Film Projector

16mm Film Projector Bulb

Extension Cord

Slide Projector

Screen

Film, "You Can See Tomorrow"

See page 46 for purchase, or to borrow

Slide Series, "Recognizing Common Communicable Diseases"

See page 47 for purchase, or to borrow

PROCEDURES

Approximate Time		Activity
	5 minutes	Briefly explain the agenda, learner outcomes, and introduction for the session.
60 Minutes	15 minutes	Conduct large group activity, "Role of the Staff in Health Care." See page 5.
	40 minutes	Show film, "You Can See Tomorrow." See page 7.
	20 minutes	Lecturette 1: Present "Observational Skills and Health Care Responsibilities of Staff." See page 9.
65 Minutes	30 minutes	Conduct small group activity "Observation of Illness Symptoms." See page 12.
	15 minutes	BREAK
	15 minutes	Lecturette 2: Present "Infectious Diseases in Child-care Centers." See page 14.
75 Minutes	10 minutes	Conduct individual exercise "Pretest on Common Childhood Diseases." See page 17.
	45 minutes	Show slide series "Recognizing Common Communicable Diseases." See page 18.
	25 minutes	Conduct small group activity, "*Case Studies of Common Diseases." See page 27.
35 Minutes		
	10 minutes	Summary and Evaluation

Role of the Staff in Health Care

DIRECTIONS FOR LARGE GROUP ACTIVITY

Have available flip chart paper, markers and masking tape. Ask participants to think about roles and responsibilities that the staff have in observing and caring for a child's health, both sick and well. Brainstorm this topic to develop a list of specific responsibilities and actions. Review these responsibilities, do not evaluate them.

Write the ideas on the flip chart.

*Add to the list any of the following which were not mentioned by the group. State that these include general responsibilities of the staff in health maintenance of children.

- interview parents about the child's health and about family health
- assist in the health evaluation of the children and keep records of health information
- incorporate health education in the learning experiences
- keep the environment of the program safe and healthy
- support special health needs of some children (ex. handicapped)
- become a link between the child and the health professional
- act in case of an emergency
- recognize signs and symptoms of illness in children
- identify and accurately describe symptoms of the illness
- make judgements about when to consult a parent or a health professional

- communicate with parents about their child's health status and any health problems

Explain that participants will now see a movie which deals with some of the responsibilities they mentioned.

* Edith Reinisch and Charles Minear, Health of the Preschool Child, 1978.

Film: "You Can See Tomorrow"

Explain that the film, "You Can See Tomorrow" (see page 46 for free Rental information) emphasizes the role of teachers working with parents and with health professionals in recognizing children's health problems. Explain that although the film focuses on the classroom teacher, many of the roles and concerns are the same for childcare staff in recognizing and preventing childhood health problems.

Ask participants to view the film to determine any similar or different staff responsibilities that are portrayed and to place themselves in the positions of the teachers depicted in the film.

Show the film, "You Can See Tomorrow." (24 minutes)

After showing the film, ask for any general comments from participants.

Proceed with discussion - see below. Allow 15 minutes. Use "You Can See Tomorrow Discussion Guide" as a reference.

DISCUSSION

QUESTION	KEY CONCEPTS TO DISCUSS
What diseases have you seen in your experience and what have you done about them?	Allow an exchange of information by participants and assess what the most common childhood diseases are that the participants encounter.
What do you do if you suspect that a child has a contagious disease?	Elicit specific actions/procedures which participants use in their facilities.
Which staff persons maintain primary responsibility for health status of the children?	Assess who is most commonly responsible for health care among the facilities represented by participants.
Summary	Through careful observation and appropriate action, staff can make a significant impact on health status of the children. Their role is not to diagnose, but to call attention to potential problems, seek answers, and facilitate follow-through with parents, health professionals and, when appropriate, the child.

OBSERVATIONAL SKILLS AND HEALTH CARE RESPONSIBILITIES OF STAFF

Concepts for Presentation

Lecturette 1 - The following describes the basic role of the staff in child health maintenance.

TOPIC/QUESTION	KEY CONCEPTS TO PRESENT
Health Surveillance	A staff person(s) should be designated at each center to provide daily health observations of children. If more than one person assumes this role, each should have assigned children to observe. Refer to Handout #1.
Observations	Gather precise, systematic and complete information about the children in general and note any differences or unusual symptoms. Be especially descriptive with symptoms, as this information will be given to medical professionals to make a diagnosis and/or to parents regarding health problems. Example - instead of saying "Sarah looks sick," note that "Sarah has a runny nose, sore throat, red cheeks and cough."
Well Child Observations	Note the color, shape and size of the child's face and the condition of the hair, eyes, mouth, skin and any odors. Observe general behavior when the child walks, eats, uses his/her hands, and mannerisms. Questions to ask yourself include - Does the child smell fresh? Is the breath offensive? Is the voice hoarse or squeaky? Does the child constantly sniff or cough? Is the skin smooth and intact?
Group Comparisons	Train yourself to observe a number of individual characteristics of children within the same age group and note any

differences. For example, observe three year-olds brushing their teeth. Who needs help and why? If most of the children do need help, it is probably not significant for a three year-old to brush his or her teeth with help.

Care of the Sick Child

A staff person should be designated at each facility to assume primary responsibility of a child who becomes ill.

Resources for a Sick Child

Each facility needs a quiet, isolated area with a cot, linens, blanket, basin, portable urinal, disposable drinking cups, clean washcloths and towels, and first aid kit.

Information

The sick child's health records, written permission by the parent to seek medical care, and a precise recording of symptoms displayed by the ill child should be available. Parents of other classroom children should be informed of the diagnosed illness and watch for signs and symptoms of the disease in their own children.

Treatment for a Sick Child

First, isolate the child. Determine the child's problem through gentle questioning and careful observations. Remain calm so as not to panic the child. Determine if the child should be sent home, remain at the facility or be given medical attention (according to center policies). Make the proper contacts (i.e. parents, medical professionals). Follow medical guidelines for illnesses.

Records

Information to have available is a record of each child's illnesses, written authorization from parents and physician for the staff to give medication, and written permision from the doctor for the child to return to the facility after recovery from the illness. Refer to Handouts #2 and #3.

Health Education	Take advantage of each opportunity to spontaneously provide health education to children, staff and parents. Ex. if a child receives medicine during school hours, this is a good opportunity to teach safety with medications to the other children in the classroom.
Summarize	Summarize by explaining: • staff have a responsibility to the facility and to the parents in guarding the children's health • staff need to be aware of the characteristics of each child in a well state in order to note symptoms of illness • staff can sharpen their observational skills through careful observation of the children as a group and as separate individuals. • precise, detailed information should be obtained about symptoms observed by staff • staff do not need to diagnose illness but need to act as a member of the health care team in surveillance, information-gathering, record-keeping, and appropriate referral(s)

Edith Reinisch and Ralph Minear, Health of the Preschool Child, 1978.

OBSERVATION OF ILLNESS SYMPTOMS

Directions for Small Group Activity

Introduce the content of the workshop by indicating that participants will focus on observational skills and record-keeping of children's symptoms.

Distribute "You Can See Tomorrow Viewer's Guide" brochure (Handout #5) and distribute Handout #4. Allow participants 3 minutes to read the handouts. Elicit any comments from the group.

Divide participants into five groups of 5-6 persons each, making sure participants have their handouts. Designate each group <u>one</u> of the following diseases:

- cold
- flu
- mumps
- measles
- chicken pox

Explain that each group will list at least one child's symptom characteristic of their disease (i.e. facial expression, general appearance, posture, etc.) for each category under "Checklist for Daily Health Observations" on Handout #4. Also, answer the questions directly following the checklist (i.e. Does the child cough, rub eyes or nose or scratch himself? etc.) on Handout #4. Have participants also refer to "You Can See Tomorrow Viewer's Guide" list of "Things to Watch For" (Handout #5).

Stress that the groups should be as precise and specific as possible in their descriptions and to list as many child's

symptoms characteristic of their designated disease as possible. Focus on observations that the staff would make of the children in their program.

Pass out flip chart paper and markers so that the groups can record their symptoms.

Allow 10 minutes for the group to complete their task.

After this task is complete, ask each group to present their disease and the symptoms they found to be characteristic of that disease which they would observe at their facility. Allow 10 minutes for this task. Refer to Handout #7 for description of symptoms, if necessary.

INFECTIOUS DISEASES IN CHILDCARE CENTERS

Lecturette #2 - The following describes the basic principles of communicable diseases among preschoolers.

Concepts for Presentation

TOPIC	KEY CONCEPTS TO PRESENT
Communicable Disease	Illness which is spread from one person to another by direct contact with an infected person or by indirect contact (e.g. contaminated toys, water, food, tissues).
Incubation Period	This is the period between exposure to the disease and the appearance of initial symptoms.
Communicability	This is the time during which an infected person can spread the disease directly or indirectly to another person.
Respiratory Isolation	Due to the respiratory mechanisms for spreading the disease (i.e. droplets from the mouth or throat, direct contact with articles freshly soiled by nose and throat excretions) it is recommended that the infected person be kept from other persons and all soiled articles (i.e. tissues, towels, dishes, bedding) be properly handled and washed. After each contact with the infected person or articles, be sure to carefully wash your hands.
Sources of Infection	There are five primary sources of infection in childcare centers: children, staff, play materials, food and the physical facilities. Infections are spread through airborne droplets, fecal/oral transmission, or infectious lesions.

Infection Control	Facilities should have policies on sending sick children home and admitting recovered children back into the center. Staff needs education on infection control. Appropriate immunization and follow-up should be maintained. Adequate facilities for hygiene (i.e. toilets, diaper change, sinks, etc.) are needed. A system to obtain timely medical advice is required to provide early, effective treatment of the problem.
Handwashing	Staff should always wash their hands <u>each</u> time they assist a child in the bathroom and each time they change a diaper, especially if the child has loose, runny stools. Children should be taught to wash their hands after every use of the toilet and after sneezing or using a tissue. Staff and parents need to serve as role models in handwashing. Handwashing is one of the most effective means of infection control and needs special attention.
Reporting	Communicable diseases should be reported to local health department officials in accordance with state/local health policies.

Dark Skin	Identification of rashes in dark skinned children (i.e. American Indian, Black, Mexican-American, or deeply suntanned Caucasian) requires adequate lighting, thorough gentle cleansing of the area and gentle examination with the fingertips. Also, inspection of the mouth may be of value in identifying other symptoms accompanying the rash.

PRETEST ON COMMON CHILDHOOD DISEASES

Directions for Individual Exercise

Pass out Handout #6.

Direct participants to:

1. Draw the common areas of rash development of the respective body parts for chicken pox, measles, rubella, and scarlet fever, using one figure for each disease.
2. Using arrows, draw the direction that the rash spreads for each of the four diseases listed in item 1.
3. For each of these diseases, list the communicable (contagious) period in number of days.

Give participants 7-10 minutes to complete this task. Hold the handout for a later discussion (see page 18).

SLIDE SERIES "RECOGNIZING COMMON COMMUNICABLE DISEASES"

Directions

Explain that this slide series describes and graphically displays the rash development, symptoms and contagious periods for chicken pox, measles, rubella and scarlet fever. See page 47 for purchase or rental information.

Ask participants to carefully observe the photographs and imagine themselves describing these symptoms of sick children in their facilities.

Note: Use the adapted script enclosed with this workshop and not the script included with the slide series. Explain that this script was adapted by HSRTC to encompass practical, relevant information for staff.

After showing the slides, ask for any general comments/questions from participants.

Distribute Handouts #7, 8 and 9. Allow participants several minutes to read. Describe the handouts as ones which were specifically adapted for Head Start staff (in terms of categories and information) by HSRTC and were intended to be posted as references at participants' facilities.

Distribute a blank copy of the Pre/Post Test (Handout #6) and ask participants to complete it again, this time being very accurate and correct. Use Handout #7 as a reference.

Adapted Script for Slide Series

"Recognizing Common Communicable Diseases"

(Slides 1-7) Chicken pox

Slide 4: Chicken pox is highly contagious and occurs must frequently in the winter months. Direct contact is the most common means of exposure, but it can be spread 24 hours before the rash appears and for 5-6 days thereafter, or until all the blisters are dry and crusted. In this Case Study, one morning 12-year old David woke with a low grade fever (101 °F) and general malaise.

A few isolated blisters like this one were seen on his chest and back. The blister begins as a small, pinkish spot which develops a central dew drop blister as shown in the next slide. The liquid inside these blisters is highly contagious.

Slide 5: In about 6-8 hours the blisters rapidly progressed from small pink spots to pimples to blisters and finally to beginning crusting. This slide shows that as chicken pox progresses, all three stages of rashes may be present at the same time. David's fever increased as the rash increased.

Slide 6: David's rash first appeared on his chest and trunk and then spread to his arms and legs. The blisters came in crops, with fresh ones appearing daily. All of the blisters caused a great deal of itching.

Slide 7: This drawing shows the typical distribution of chicken pox rash. David's rash looked similar to this, being most abundant on the trunk rather than on the arms and legs. The rash almost always appears on the scalp. Scabs left from the rash

normally fall off in five to 20 days. Gradually, normal skin color returns without scar formation, although small scars may result from breaking or infecting of blisters.

(Note to Facilitator: Ignore slides 8-12 on smallpox, as this disease rarely occurs today.)

(Slides 13-15) Measles - Rubeola

Turn Off Slide Projector

The next few slides show a child who has measles. Measles is a severe, very contagious viral disease which can be spread directly through contact with secretions of the nose, throat, and urine of an infected person, or indirectly through freshly soiled articles. Measles generally begins with a tired, uncomfortable feverish feeling. Within 24 hours symptoms of high fever, runny nose, pink eyes, and cough occur and reach a peak just before the rash appears. The crucial question to ask is "how long has the child been ill?" If the child has not been ill before the rash appears, the child does not have measles.

Resume with Slide 13.

Slide 13: This case study describes Jamie Miller who was sent home from school early on Tuesday with a headache and a high fever. In two days, Jamie's fever was 104 ^{o}F and he has begun sneezing and complaining of nasal congestion. Occurring along with this runny nose were pinkeye and coughing. In this slide, Jamie shows the characteristic "woebegone" look of a child who feels quite ill due to the initial symptoms of measles. These symptoms usually last 4 days and this is the period when measles is most contagious. About the fourth day after the initial symptoms, small red spots with bluish-white specks in the center

were found in Jamie's mouth. These spots are usually present before appearance of the skin rash.

Slide 14: In a couple of days Jamie broke out with a purplish-red rash that appeared small and blotchy. The rash began on Jamie's forehead, back of his neck and behind his ears and spread to his face, neck, upper trunk and arms. By the third day of its appearance it had spread to his feet. The spots are fairly large and the skin between the spots tends to be paler than normal, making the rash appear redder.

Slide 15: This slide shows the distribution of the measle rash. Note that the rash spreads from the head and trunk to the arms. The measles rash is thickest high on the body and scattered on the arms and legs. Temperature usually beomes normal about two days after the rash has come out completely. The rash begins fading in the same order in which it appears. Measles is contagious from 4 days before the rash appears, with the initial cold-like symptoms and blue-red spots in the mouth, until the rash and fever disappear.

(Slides 16-17) Rubella or German Measles

Stop Slide Projector.

Rubella, often known as German or 3-day measles, resembles the rash of scarlet fever or measles. This illness is of major significance mainly because of the danger it presents to the fetuses of susceptible pregnant women in the first trimester of pregancy. An infected child can expose others as early as 10 days before the appearance of the rash.

Slide 16: This case study presents Terry who on Friday

complained that the back of her neck was stiff and sore. By the next morning a pinkish-red rash appeared on her forehead. She also had a low grade fever and malaise. The slide shows the appearance of Terry's rash. The rash was blotchy and very similar in appearance to the measles rash but with somewhat smaller spots.

Slide 17: This slide shows the distribution of the rubella rash. The rash spread rapidly down Terry's neck, arms, trunk and legs and within 24 hours completely covered her body. The following day her temperature returned to normal and the rash began fading from her face. However, her trunk remained covered with the rash as it formed a red blush. By the fourth or fifth day after its onset, the rash had completely disappeared. Rubella is contagious from 10 days before this rash appears until it disappears (about 5 days).

(Slides 18-25) Scarlet Fever

Stop Slide Projector.

The next few slides are examples of scarlet fever, a strep throat infection with a rash. It usually is transmitted through direct contact but can be spread indirectly through contaminated food or other articles. This case study presents David who on Monday began running a high fever which was accompanied by vomiting and a sore throat.

Slide 18: This slide shows the sore throat accompaning scarlet fever. Note that David's tonsils and pharnyx are enlarged and puffy in appearance. Don't be confused by the tongue blade at the bottom of this slide.

Slide 19: During the first day or two of the illness, David's

tongue looked like this. It was covered by a white coating and had a puffy appearance with reddened surface projections called strawberry tongue. After about three days the edge and tip ofthe tongue will peel leaving a moist, red, glistening and sore surface.

Slide 20: This slide shows the fine rash which appears between 12 and 72 hours after the onset of the illness. It first appeared on David's neck, behind his ears and on his back.

Slide 21: The scarlet fever rash spreads quickly to the chest, arms, legs and buttocks and feels like sandpaper. The rash will completely disappear with pressure applied to the skin. The rash appears as a general redness.

Slide 22: This illustrates the peeling of the skin on the fingers, toes, palms of the hands and soles of the feet which begins within one week. Scarlet fever is contagious until 24 hours after administration of antibiotics. After that, the child is no longer contagious but should remain at home for about 7 days from the start of symptoms.

(Slides 23-25) Differentiation Between Scarlet Fever, Rubella and Measles.

Slide 23: The rash of rubella can resemble that of scarlet fever or measles. However, the rubella rash is pinkish-red, scarlet fever rash disappears when pressure is applied, and the measle rash is purplish-red.

Another significant difference is in the distribution of the rash. As you can see, the spots of the measle rash tend to be concentrated around the head and the trunk while the spots of

rubella are generally scattered. Scarlet fever usually produces a flushed face with a pale area around the mouth, whereas in rubella and measles the face has pinkish-red or purplish-red spots.

Slide 24: This slide shows the rubella rash which tends to be scattered and blotchy in contrast to measles where the skin between the spots tends to be pale. The rubella spot is also a bit smaller than that of measles. However, it is still difficult to tell the two apart as you can see in comparing this slide of rubella....

Slide 25: ...with this slide of measles. Remember that with rubella you will almost always find swollen glands behind the ears and at the base of the skull and the rash begins with the start of the symptoms.

Key questions which will aid you in describing all of these communicable diseases are:

1. Where did the rash start?
2. What does the rash look like?
3. How did the rash spread?
4. How long has the child had the rash?
5. How long after the beginning of the illness did the rash appear?
6. Does the child have other symptoms such as a cold, cough or swollen glands?
7. What is the child's temperature?
8. Has the child been around anyone else who has been ill?

(Note to Facilitator: Post the above 8 items on flip chart for participants to copy.)

Slide 26: Nine-month old Joy was brought in by her mother. When the health aide took Joy from her mother, she found a small rash and then found that the infant had a low-grade fever. What critical questions would you want to ask the mother that you couldn't tell from physical observation of the child?

Answers:
1. How long has the child had the rash?
2. Where did the rash start and how did it spread?
3. How long was the child ill before the rash appeared?
4. Does the child have other symptoms?
5. Was the child around anyone else who was ill?

The mother states that Joy had been fussy yesterday and had no appetite. The rash broke out last night and she was upset when she found Joy's whole body covered this morning. When the mother kissed Joy on the forehead this morning the child did not feel hot so she didn't think it was necessary to take the child's temperature.

What disease does Joy probably have?

(answer - Rubella)

Slide 27: Jimmy is five years old. He wakes up one morning and says "I have bites on my stomach and back and they itch." Upon examination you find he has a fever of 100 ^{o}F and scattered spots on his chest, back and face. The spots have a tiny dew drop blister at the tip. By the next day his rash looks like this slide.

What would you suspect Jimmy has?

(answer - chicken pox)

Slide 28: Mrs. O'Connor brings her daughter in and states she is sick and has a rash, but she didn't have any other place to send her daughter. What do you do?

(answer - First isolate Mrs. O'Connor and her daughter in another room away from the other children. Then, obtain information about the symptoms for the health professional by asking Mrs. O'Connor these questions: Where did the rash start? What does the rash look like? How did the rash spread? How long has the child had the rash? How long after the beginning of illness did the rash appear? Does the child have other symptoms? Has the child been around anyone else who has been ill? What is her temperature?

What does Mrs. O'Connor's child probably have?

(answer - measles)

Slide 29: Bonnie is three years old. She has a sore throat, tonsillitis, a high fever, and a generalized rash on her neck and chest (as shown in this slide) which disappears with pressure. What illness do you think Bonnie has?

(answer - scarlet fever)

Case Studies of Common Diseases

Directions for Small Group Activity

Divide participants into four groups of 6-7 persons each. Assign one Case Study to each group from Handout #10. Have participants complete the following for their case study:

1. Describe the symptoms as completely and precisely as possible.
2. Determine additional symptoms, if any, which need to be observed.
3. What action should be taken regarding the child? parents? medical professionals?
4. Should the child remain at the facility or be sent home?
5. What illness/disease do you suspect that the child displays? (Stress that this item is meant as a review of disease symptoms, not in disease diagnosis).

Use handouts as references.

Record answers on the Case Study handout.

Allow 10 minutes to complete the task. Have a spokesperson from each group share their Case Study and answers with the group at large. Let the group decide whether these answers are correct, then read appropriate response for each case study and discuss briefly.

Answers to Case Studies

Case Study #1:

1. Flushed face, runny discharge from nose, watery eyes and sore throat.
2. Take temperature. Note appearance of throat. Question child about additional symptoms.
3. Isolation. Notify parents.
4. Send child home (due to sore throat).
5. Cold.

Case Study #2

1. Watery, runny stools. Upset stomach.
2. Note frequency, volume and appearance of stools; frequency of urination; any additional symptoms reported by child; and dry mouth. Take temperature.
3. Rest. Liquids. Notify parents. Wash your hands after contact with child, especially after her use of toilet.
4. Send child home.
5. Diarrhea.

Case Study #3:

1. Rash behind his ears and on his neck, cheeks and hair-line; weakness; sore throat; bluish spots surrounded by red in his mouth.
2. Note color of rash; appearance of lesions; additional symptoms reported by the child. Take temprature.

Contact parents for information about rash appearance and onset and any contact with other sick people.

3. Keep child isolated. Wash your hands after examination of throat. Notify parents and health professionals.
4. Send child home.
5. Measles.

Case Study #4:

1. Fever; small pink rash on chest; one spot has a fluid-filled, tear drop shaped blister.
2. Ask mother when and where the rash started; what it first looked like; unusual symptoms or behavior exhibited by Christina in previous few days; and has the child been around any other sick people. Ask the child about any additional symptoms.
3. Take temperature.
4. Contact medical professionals and parents and send the child home.
5. Chicken pox.

SUMMARY AND EVALUATION

TOPIC	KEY CONCEPTS TO DISCUSS
	In order to help the group reflect on the workshop, ask them to discuss the workshop.
Evaluate	Discuss the workshop. Allow participants to evaluate and comment on the experiences. Ask all participants to state at least one specific action that they will initiate in their center from what they learned today.
Review	Review that during the session participants: • brainstormed roles of the staff in child's health surveillance • practiced observational skills of children in the sick and well states. • utilized information about infection and common childhood diseases • devised appropriate action plans for sick children
Conclude	Conclude by stressing: • The workshop provides basic guidelines for establishing procedures in handling sick and well children • Staff are integral members of the health care team through careful observation, reporting and referral.

HANDOUT #1

RESPONSIBILITY FOR THE ADMINISTRATION OF THE HEALTH PROGRAM

Overall Health Program

Name_____(Head Start Director)

Nutrition

Name_____

Health Education

Name_____

Safety & Inspection

Name_____

Sanitation

Name_____

Medical Emergencies

Name_____

Daily Health Observations

Name_____

Name_____

Names of Children Resonsible For:

_____

_____

_____

_____

_____

_____

_____

_____

Names of Children Responsible For:

_____

_____

_____

_____

_____

_____

_____

_____

Source: E.H. Reinisch and R. E. Minear.

HANDOUT #2

RECORD OF ACUTE ILLNESSES

Diagnosis or Type of Illness	Date when Illness was First Recognized or Treatment First Began	Date of Release by Physician For Return To School	Comments or Recommended Action for the Future

Source: Modified by E. H. Reinisch and R. E. Minear from DHEW Publication No. 72-20.

HANDOUT #3

PHYSICIAN'S CERTIFICATION THAT A CHILD MAY
RETURN TO PRESCHOOL AFTER AN ABSENCE
DUE TO A MEDICAL REASON

DATE_____

To Whom It May Concern:

This is to certify that I have cared for _____
(child's name)
_____between_____ and
(date)
_____ due to_____.
(date) (type of illness)
The child may return to preschool on _____

and may participate in all activities of the preschool program.

OR The child may return to preschool on_____
(date)
with the following advice about:

Activity_____

Medicines_____

Special Instructions_____

I do/do not expect to examine the child again_____.
(when)

Sincerely yours,

_____, M.D.

Source: E. H. Reinisch and R. E. Minear.

Handout #4

CHECKLIST FOR DAILY HEALTH OBSERVATIONS

Facial expressions: Carefree, smiling (normal). Sad, pale, tired, concerned(abnormal).

General appearance: Neat, clean, washed (normal).

Posture: Erect and apparently normal. Limp, shuffling feet, other suggestion of abnormality.

Skin on face, neck, forearms and hands: Flushed, warm, sweating; pale; rash; scratches, bruises, infection (abnormal).

Eyes: Clear, bright (normal). Red, crusty (abnormal). Appearance of eyelids.

Ears: Discharge (abnormal).

Hair and fingernails: Cleanliness (normal). Evidence of lice (abnormal).

Nose: Discharge (abnormal).

Mouth: Rash, swelling of lips, bleeding or swollen gums (abnormal). Appearance of teeth.

Does the child cough, rub eyes or nose or scratch himself?

Child's comments: Does he indicate discomfort, pain, or any other abnormality?

Observations during the day: In addition to the above observations, is there a change in his usual behavior, eating, sleeping, or toilet habits?

Source: E. H. Reinisch and R. E. Minear.

Handout #5

"YOU CAN SEE TOMORROW"

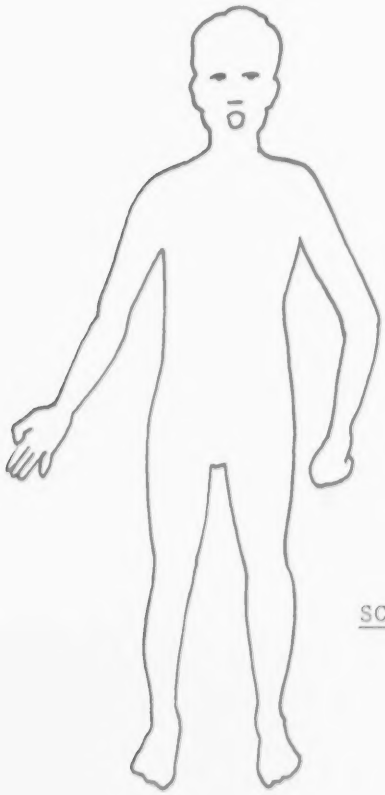
VIEWER'S GUIDE

See film description on page 46 to receive copies of this brochure.

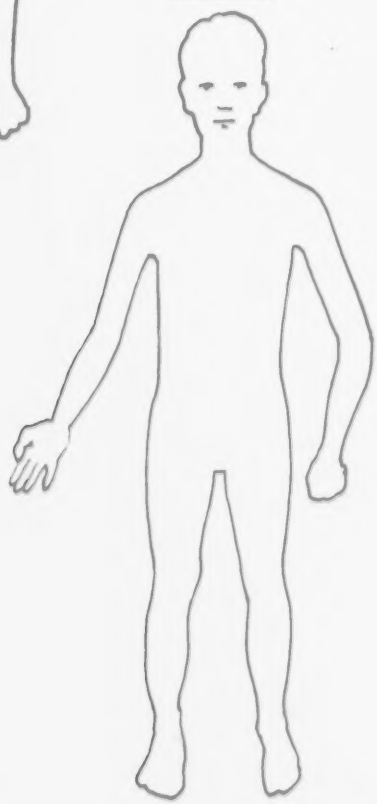
PRE-/POST TEST ON COMMON CHILDHOOD DISEASES

CHICKENPOX

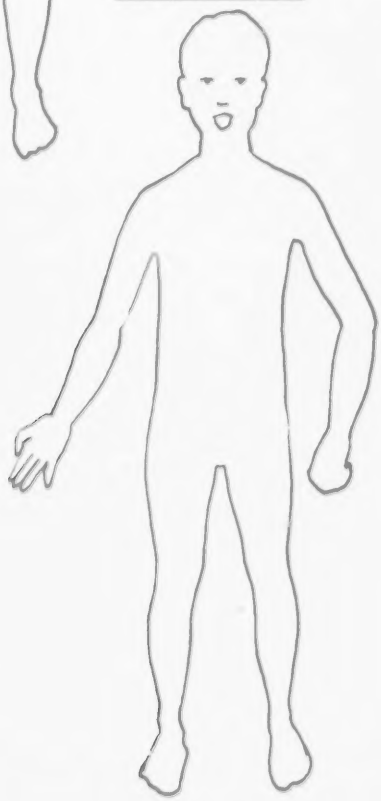
MEASLES



RUBELLA



SCARLET FEVER



DISEASES COMMON TO PRESCHOOLERS

DISEASE	SYMPTOMS	INCUBATION PERIOD	COMMUNICABILITY	TREATMENT	ISOLATION	REQUIRES MEDICAL TREATMENT	COMPLICATIONS
CHICKENPOX	Slight Fever, fatigue,loss of appetite, headache, and most notably a rash on trunk or scalp, face, and rarely on the arms and legs.	10-21 Days	One day before rash appears to 6 days after rash appears. Dry scabs are not infectious.	Calomine lotion and cool bicarbonate of soda baths for itching. Prevent child from scratching (may need to put mittens on young child). Keep fingernails short and clean. Alternatives to salicyclates (aspirin) should be considered for fever control to possibly prevent Reye Syndrome.	Strict Isolation until all of the rash and most of the scabs disappear (usually for one week after onset of the rash). Can return to school if just a few(dry) scabs remain.	If Complications are suspected.	Abscesses, Reye Syndrome.
RUBELLA (GERMAN MEASLES)	During the first 10 days,symptoms are headache, mild fatigue, loss of appetite, slight fever and head cold. Small pink closely - grouped rash which fades with pressure. Rash begins on face and spreads to trunk,arms and legs, and fades in 3 days.	12-21 days	From 10 days before until 5 days after rash appears.	Aspirin	Until the rash disappears, Respiratory isolation.	If complications are suspected.	Hemorrhage

DISEASES COMMON TO PRESCHOOLERS

DISEASE	SYMPTOMS	INCUBATION PERIOD	COMMUNICABILITY	TREATMENT	ISOLATION	REQUIRES MEDICAL TREATMENT	COMPLICATIONS
MEASLES (RUBEOLA)	First Symptons(4-5 days) are fever, weakness, loss of appetite, head cold, hacking cough and itchy red eyes that are sensitive to light. Blue-grey specks surrounded by red halos appear in mouth. A rash then appears behind ears and on neck cheeks and hairline and spreads from head to chest to abdomen and finally to the arms and legs.	10 - 14 days	From 4 days before the rash appears to 5 days after rash appears. It is contagious for the first 2days of initial symptons before the rash appears and for the first 2 days after the rash appears.	Bedrest until fever and cough subside, fluids, dimly lit room, cool baths, vaporizer, Calomine lotion, and keep hands away from eyes.	Respiratory isolation during contagious period.	If needed to make diagnosis and/or if complications are suspected.	Ear infection, pneumonia, nephritis, encephalitis and bronchitis.
MUMPS	First symptons for 24 hours are headache, slight fever, weakness, and loss of appetite followed by earache, pain when chewing or drinking sour or acidic foods, swollen glands and fever.	14 - 25 days	Two to 6 days before first symptoms appear until swelling is gone (usually about one week after the swelling began). Highest communicability is 48 hours before swelling begins.	Aspirin, fluids, bed rest until swelling disappears, warm or cool compresses to neck, liquids or soft foods (and that are not sour or acidic).	Respiratory isolation until all symptons disappear.	If complications are suspected	Deafness, inflammation of ovaries or testes. encephalitis, Kidney disease, and pancreatitis.

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DISEASES COMMON TO PRESCHOOLERS

DISEASE	SYMPTOMS	INCUBATION PERIOD	COMMUNICABILITY	TREATMENT	ISOLATION	REQUIRES MEDICAL TREATMENT	COMPLICATIONS
COMMON COLD	Headache, fever, chills, weakness, cough, nasal congestion, sore throat and watery eyes.	1-4 Days	One to 2 days before symptoms begin and for 2-3 days after symptoms appear.	Fluids, aspirin, rest and vaporizer.	During the first 2-3 days of symptoms.	If complications are suspected.	Ear infection, sinuisitis, respiratory tract infection.
FLU (INFLUENZA)	Chills, fever, headache, sore throat, fatigue, cough, nasal congestion, nausea, vomiting, diarrhea and abdominal pain.	1-3 days	One day before onset and through the fifth day of the illness.	Bedrest, fluids, and expectorant, alternatives to salicydates (aspirin) should be considered for fever control to possibly prevent Reye Syndrome.	During the first 2-3 days of symptoms.	If complications are suspected and/or if symptoms persist for more than 3-4 days.	Fever that lasts longer than 3-5 days, pneumonia, Reye Syndrome, ear infection, and sinusitis.
STREP THROAT	Fever, sore throat with severe pain on swallowing, swollen glands, weakness, nasal discharge, and lack of appetite.	1-5 days	Onset to 24 hours after initiation of antibiotic treatment.	Penicillin, fluids, bedrest and vaporizer.	Isolation for the first 24 hours after beginning antibiotic treatment.	To obtain diagnosis and antibiotic treatment and if complications are suspected.	Pneumonia, Rheumatic fever.

DISEASES COMMON TO PRESCHOOLERS

DISEASE	SYMPTOMS	INCUBATION PERIOD	COMMUNICABILITY	TREATMENT	ISOLATION	REQUIRES MEDICAL TREATMENT	COMPLICATIONS
SCARLET FEVER	Fever, Weakness, headache, stomach ache, vomiting and sore throat for 12 to 48 hours followed by a rash. Rash begins on face, trunk and arms and covers the entire body by the end of 24 hours. Rash is red, very fine and turns white for several seconds when pressure is applied. Red throat and fuzzy white tongue which becomes swollen and red.	2-5 Days	Onset to 24 hours after initiation of antibiotic treatment.	Penicillin, fluids, Aspirin, liquid or soft diet and vaporizer.	Isolate for the first 24 hours after beginning antibiotic treatment.	To obtain antibiotic treatment	Ear infection, Rheumatic fever, pneumonia
INFECTIOUS MONONUCLEOSIS	Fatigue, fever, sore throat, vomiting, swollen glands, diarrhea, ear infection, and upper respiratory tract infection.	Usually 4-14 days but can last to 60 days.	Unknown, but probably from before symptoms appear.	Rest	Not usually required as spread of the disease requires close direct contact and has low infectivity.	To make diagnosis and for complications.	Neurologic, hepatitis, anemia and cardiac.

HANDOUT #8

Action Guidelines for Common Illnesses in Preschoolers

Abdominal Pain

1. Rest. Only give water or ice chips. Never apply heat to abdomen.
2. Determine any additional symptoms.
3. If pain is prolonged and severe, child should see physician.

Vomiting

1. Rest. Only give water or ice chips.
2. With improvement, give only clear liquids and light food at the next meal.
3. Determine any additional symptoms.
4. Examine vomitus for foreign substances (ex. paper, aspirin), blood (red), or old blood (resembles coffee grounds).
5. Note amount of vomiting (i.e. volume and number of times).
6. If there is only a single case of vomiting, report it to parents at the end of the day.
7. With persistent vomiting, pain long after vomiting has stopped, severe exhaustion or overall sickness, contact child's parents and physician and exclude child from center.

Diarrhea

1. Rest. Give only clear liquids, water, flat ginger ale, juice, diluted Jell-O, or strained soup.
2. Record frequency, volume, and appearance of stools.
3. Record number and amount of liquids given and number of times child urinates.
4. If child has 1-2 bowel movements, notify parents at end of day.
5. If child is weak, sleepy, in pain, pale or flushed,

has a fast pulse, or takes in less fluid than appears

in bowel movements, contact parents and physician.

6. If child has a dry mouth or doesn't pass much urine, notify parents as this could be signs of dehydration.

7. Exclude child from facility for a few days. Recommend doctor's certificate allowing child to return.

8. Wash hands after contact with child.

*Fever

1. Rest and water.

2. Notify parents and send child home.

3. Determine if child has a history of convulsions and be prepared with anticonvulsant medicine, if within your center there are guidelines to administer, and appropriate medical forms, education and guidelines.

Sore Throat

1. Notify parents and send child home.

Cough

1. For relief, give water or honey and lemon juice. (Note: with children under one year of age, do not give honey as it is related to botulism).

2. If persistent, notify parents and send child home.

3. Barking cough and raspy sound when child breathes could indicate croup. Notify parents and seek medical attention as quickly as possible.

Earache

1. Rest. Never apply heat to ear.

2. If no relief within one-half hour, notify parents to seek medical care and send child home.

Pinkeye

1. Notify parents and send child home as soon as possible.

2. Thoroughly clean all materials that have come in contact with child.

3. Have staff who come in contact with child thoroughly

wash hands..

Asthma

1. If within facility policies, give antiasthmatic medicine.

2. Rest, quiet and give liquids.

3. Contact parents.

4. Get a list from parents of what child should avoid and remove from facility.

Rash

1. Isolate child. Investigate other symptoms. When rash is determined to be non-contagious or not life-threatening, allow child to remain in school.

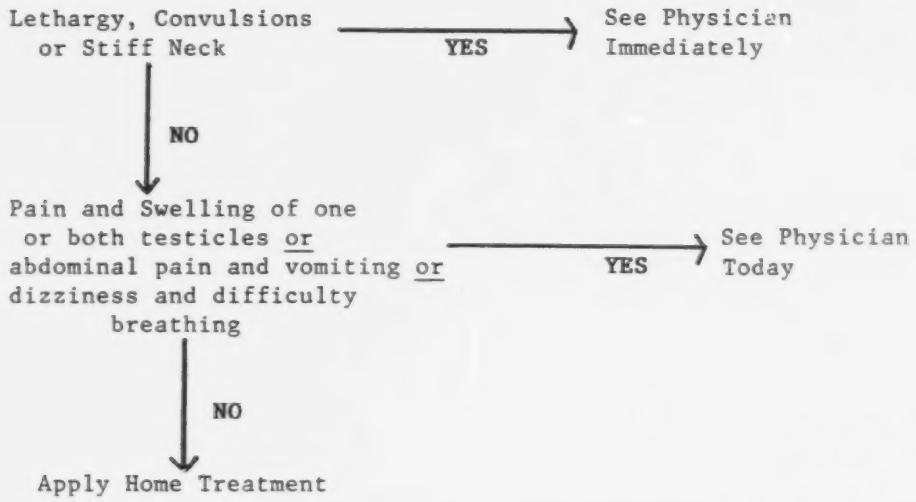
2. If accompanied by other symptoms of illness (i.e. fever, nasal congestion, etc.), isolate child. Notify parents and send child home.

Source: Health of the Preschool Child, Edith Reinisch and Ralph Minear. 1978.

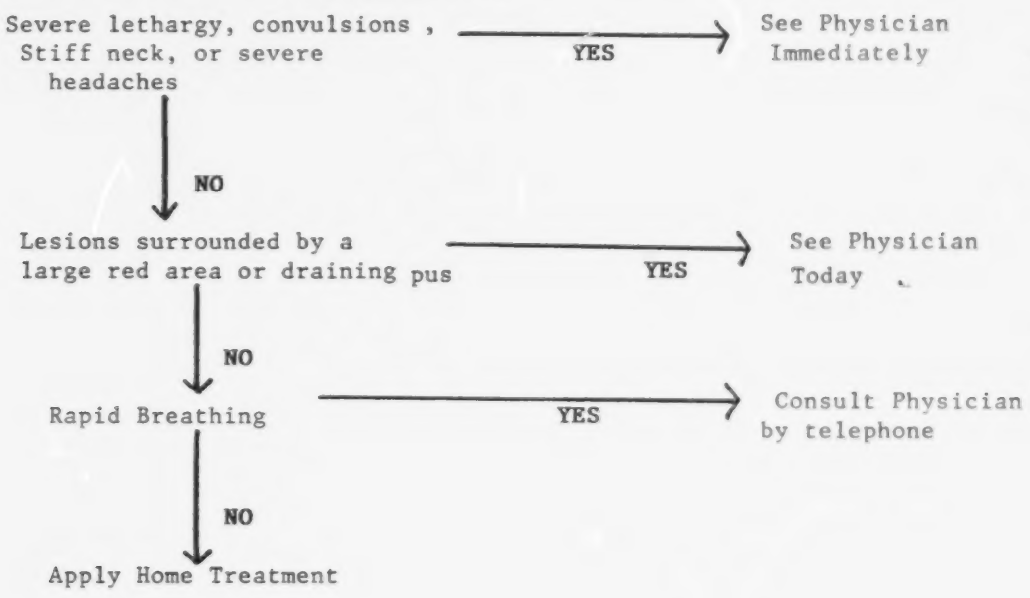
* Note: Fever in children is defined differently by various health professionals. Typical guidelines to define fever are 100o oral (i.e.101oF rectal, 99oF ancillary) and above or 101oF oral (i.e. 102oF rectal 100oF ancillary) and above.

DECISION-MAKING TREES FOR COMMON CHILDHOOD DISEASES

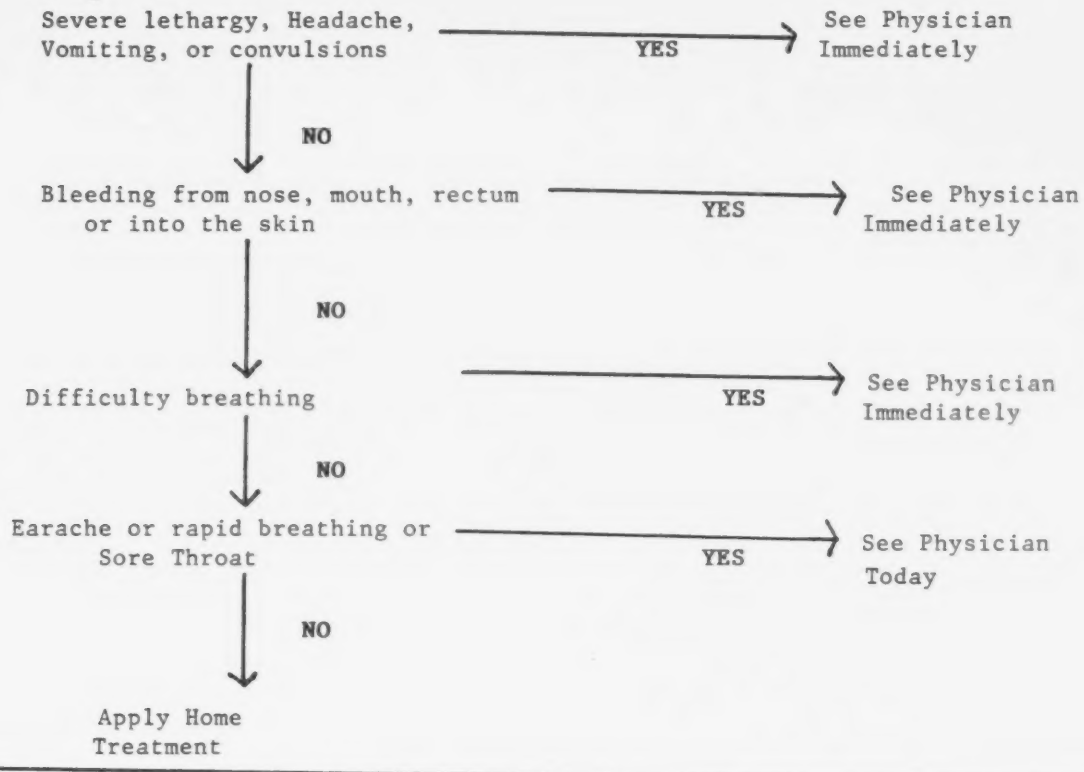
MUMPS


Lethargy, Convulsions or Stiff Neck
YES
See Physician Immediately
NO
Pain and Swelling of one or both testicles or abdominal pain and vomiting or dizziness and difficulty breathing
YES
See Physician Today
NO
Apply Home Treatment

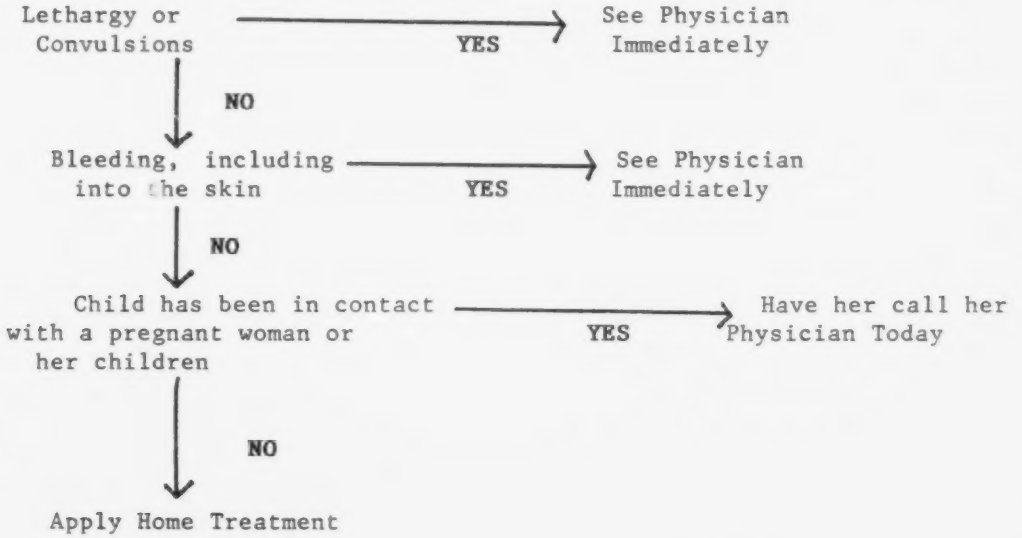
CHICKENPOX



MEASLES



RUBELLA



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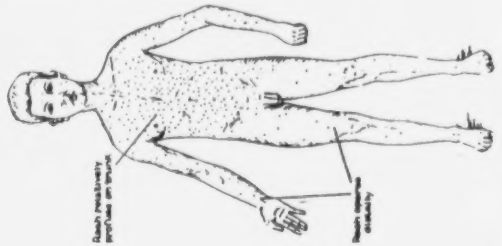
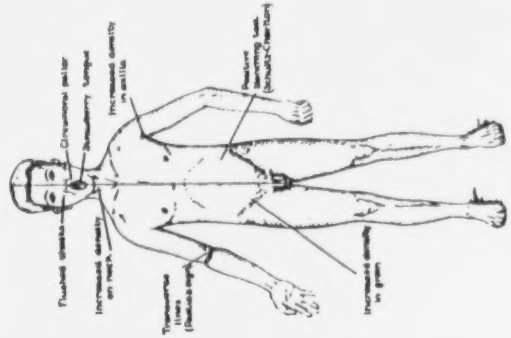


SCARLET FEVER



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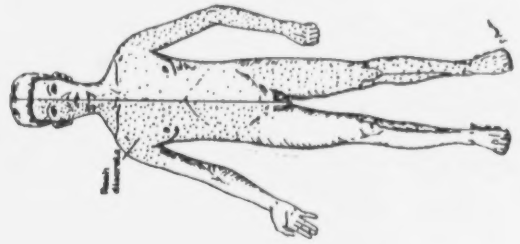

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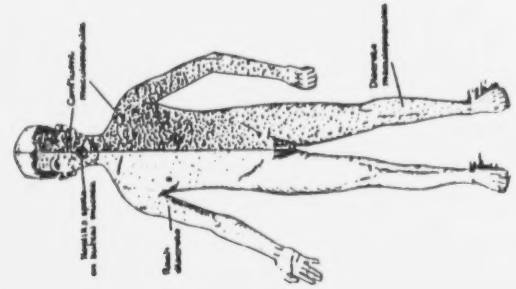

SCARLET FEVER

Fever or fine, red rash on trunk, arms and legs which feels like sandpaper → NO → Suspect a problem other than scarlet fever

↓ YES

See Physician Today

GENERAL

Fever → YES → Rash consisting of raised bumps → YES → Refer to Chickenpox

Rash consisting of raised bumps → NO → Refer to: Measles, Rubella, Scarlet Fever

Fever → NO → Itching → YES → Refer to: Chicken Pox

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COLDS AND FLU

Severe irritability or lethargy → YES → See Physician Immediately

↓ NO

Rapid breathing, ear pain or sore throat → YES → See Physician Today

↓ NO

Cough, diarrhea, abdominal pain, runny nose, eye discharge, or rash → YES → See discussion of these problems

↓ NO

Improvement within past 5 days → NO → Contact Physician Today

↓ YES

Apply Home Treatment

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Source: Taking Care of Your Child, A Parents' Guide to Medical Care. R. Pantell, M.D., J. Fries, M.D.,D. Vickering, M.D. (Menlo Park: Addison-Wesley Publishing Co.) 1977.

HANDOUT #10

Case Study #1:

Peter is three years old and is brought to your center by his mother one morning. You notice during health observation that Peter's face appears flushed. Later in the day, Peter's nose has a runny discharge and his eyes are watery. You take Peter aside and, when asked how he feels, he tells you that his throat "burns" when he swallows or talks. His skin temperature feels normal to the touch.

Case Study #2:

Amy is four years old and has been her usual self for the first two hours of the program day. She leaves her play time activities twice to use the bathroom. When you ask her if she is all right, she tells you that her stomach "feels funny." Then, she asks you to help her go to the bathroom. You observe that her stools are watery and very runny.

Case Study #3:

Luther is five years old and when you help him take off his jacket and hat on Monday morning, you notice a rash behind his ears and on his neck, cheeks and hairline. During your health observations on Friday, you remember noting that he did not eat very much lunch and that he was less energetic during playtime. You take him to a room without any other children and upon questioning, Luther states his throat is sore. Upon examination, you note bluish spots surrounded by red in his mouth.

Case Study #4:

On Monday, Ms. Harrison brings in three-year old Christina and tells you that she has some small, pink spots on her chest but she seems fine otherwise. You take Christina to another room and upon examination, note that one of the spots appears to have a teardrop-like blister filled with fluid. Christina's skin also feels very warm to the touch.

"You Can See Tomorrow"
from Modern Talking Picture Service
24 Minutes - Color

"You Can See Tomorrow"....is a documentary film which is intended to help teachers and parents become more aware of their children's health, and to encourage them to take appropriate action when required. The film focuses not only on the prevention and recognition of physical problems but also on emotional and behavioral issues.

The objectives of the film are to open the lines of communication among parents, teachers and health professionals; to improve observational skills in teachers and parents; and to motivate teachers, parents and other health team members to better use local health resources, to instill health awareness in children at an early age, and to encourage children's interest and participation in the health process.

Categories addressed in this film include: dealing with health issues, mental health, the health team, infectious diseases, perceptual problems, safety, nutrition, exercise, screening and follow-up.

"You Can See Tomorrow" is available from:

Modern Talking Picture Service
Film Scheduling Center
5000 Park Street
North St. Petersburg, Florida 33709-2254

Free Rental; includes leader's discussion guide and viewer's guide.

Write to schedule showing date.

"Recognizing Common Communicable Diseases"
from University of Michigan Medical Center
Approximately 20 Minutes - Color

Recognizing Common Communicable Diseases" is a slide series designed by a nurse and a physician which is accompanied by a self-study workbook. Five diseases are addressed - chicken pox, measles, smallpox, rubella, and scarlet fever. Symptoms, communicable period, incubation period, and extensive description of the rashes pertinent to each disease are discussed via case histories.

Excellent photographs of the appearance of the rashes through the various stages of development are graphically depicted on human subjects. Anatomical figures displaying the rash characteristic of each are also included. Differentiation of the rashes between scarlet fever, rubella and measles is made.

"Recognizing Common Communicable Diseases" is available from your local library on an interlibrary loan basis through:

Audiovisual Resources Section
National Library of Medicine
8600 Rockville Pike
Bethesda, Maryland 20209

(301) 496-4244

See attached application form and directions for requesting the slide series.

Rental - $5.00 fee which <u>may</u> be paid by your local library. Do not send payment with the loan request. Invoices will be issued.
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Bibliography

Nursing Assessment and Health Promotion Through the Life Span. 2nd ed. Murray, Ruth, and Zentner, Judith P. (Englewood Cliffs, New Jersey: Prentice-Hall, Inc.) 1979.

A Synopsis of Children's Diseases. 5th ed. Rendle-Short, J., Gray, O. P. and Dodge, J. A. (Bristol: John Wright and Sons, Ltd.) 1978.

*Health of the Preschool Child. Edith Reinisch and Ralph Minear. (New York: John Wiley and Sons), 1978.

*Taking Care of Your Child, A Parents' Guide to Medical Care. R. Pantell, M.D., J. Fries, M.D. and D. Vickery, M.D. (Menlo Park, CA: Addison Wesley Publishing Co.) 1977.

Synopsis of Pediatrics. James Hughes and John Griffith. (St. Louis: C. V. Mosby Co.) 1984.

Pediatrics. 3rd ed. Edited by Mohsen Ziai, M.D. (Boston: Little, Brown and Co.) 1984.

Textbook of Pediatrics. Vol. 2. 3rd ed. Edited by John Farfar and Gairn Arneil. (New York: Churchill Livingstone). 1984.

The Best of The Whole Pediatrician Catalogs I-III. Julia McMillan, M.D., Frank Oski, M.D., James Stockman, M.D., and Phillip Nieburg, M.D. (Philadelphia: W.B. Saunders Co.). 1984.

**Health Power: A Blueprint for Improving the Health of Children by Hannah Nelson, R.N. and Susan Aronson, M.D. Westinghouse Health Systems, 1978.

* These are common sense handbooks providing basic information about childhood illnesses and preventive health management useful for staff and parents.

** Contains a Symptoms Checklist on Page IV-40 which is useful for health observations of children.

Introduction to Financial Management

by Anita Vestal

OVERVIEW

This full day workshop introduces basic financial management concepts. It is designed to be used by a Veteran Director as a guide to providing fiscal training for Policy Council Members or Coordinators with no financial background who are interested in learning basic financial operating issues of child care centers. The workshop may be presented on an individual learning basis or in groups of up to 25 participants.

There are three distinct concepts covered through a central theme which is presented in a case study. Techniques used are small group and individual learning activities as well as exercises involving simple classification, calculation and graph interpretation. Participants should be familiar with high school mathematics' concepts as a prerequisite for this workshop.

The workshop should be paced according to trainees' learning pace. The time frame for an individual with strong mathematics' skills may be four hours to cover the material; while a group of 25 trainees with varied mathematics' backgrounds would require a span of six hours to allow for group interaction and sufficient practice of concepts. The trainer or facilitator should have a good understanding of the concepts before conducting the workshop.

LEARNER OUTCOMES

Participants will be able to:

- discuss and recommend financial strategies involved in center operations
- classify budget items by fixed, stepwise and variable expenses
- use break-even analysis to determine the impact of costs in center operations

AGENDA

Introduction to Financial Manangement For Child Care Centers

Monitoring Planned vs Actual Expenditures

Our Child Care Center Case Study

How to Classify Budget Items

Break-even Analysis

Summary and Evaluation

MATERIALS NEEDED:

Flip Chart and Markers
Chalk board and chalk
Overhead Projector
Transparencies of Graphs in Appendix
Helpful but not mandatory are a hand calculator and ruler.

PROCEDURES

Approximate Time	Activities
10 Minutes	Briefly explain the agenda and learning objectives for the session. Pass out pre-sorted handout
15 Minutes	Lecturette, Introduction to Financial Management for Child Care Centers
20 Minutes	Group Discussion, Fiscal Roles in your organization Handout #1
5 Minutes	Lecturette, Monitoring Planned vs Actual Expenditures.
20 Minutes	Working in pairs or individually, participants complete Budget Monitoring Exercise, Handout #2
5 Minutes	Break into small groups of three to five for case study Handout #3
25 Minutes	Groups read, discuss and answer Case Study questions
10 Minutes	Individual groups present summaries of case to the large group
10 Minutes	BREAK
20 Minutes	Lecturette, Classifying Budget Items by Fixed, Variable and Stepwise Costs Handout #4
10 Minutes	Brainstorm other types of fixed, variable and stepwise costs outside of the day care setting. Discuss
20 Minutes	Do Budget Classification exercise in pairs or individually. Handout #5
10 Minutes	Discuss and give "answer" to exercise
1 Hour	LUNCH
10 Minutes	Review of concepts learned

Approximate Times	Activities
10 Minutes	Present and discuss Graph A and Graph B on overhead projector.
5 Minutes	Present and dicuss "Another Way to Look at Costs" on flip chart, chalk board, or overhead projector
10 Minutes	Lecturette, Introduction to Break-Even Analysis. Illustrate Graph C on overhead projector and participants look at Handout #6
10 Minutes	Describe Scenario A of the Fund-raising examples using flip chart or chalk board for illustration
20 Minutes	Working in pairs or individually, participants practice Scenario B. Handout #7
10 Minutes	BREAK
20 Minutes	Group Discussion of applications of Break-even Analysis
10 Minutes	Summary and Evaluation

Introduction to Financial Management for Child Care Centers

Topic	Key Concepts
What is Good Fiscal Management?	An organization with a good financial management system is able to:
	Make accurate, current and complete disclosure of financial results
	Maintain records which adequately identify the source and use of funds
	Safeguard the assets of the organization
	Make regular comparisons between budgeted and actual expenditures
	Minimize the time between the transfer of funds from the U.S. Treasury and disbursement by the grantee
	Determine the allowableness and allocation of costs
	Assure timely and appropriate resolution of audit findings and recommendations
3 Key Functions	Three key functions of the financial management system of a Head Start program are: 1. Allocating the resources of the organization 2. Managing and directing the resources within the organization 3. Reporting on the allocation of resources under the control of individuals or organizations
Who has Financial Responsibility?	Several individuals in an organization have financial responsibility. These people are: 1. The Board of Directors 2. The Parent Policy Council 3. The Executive Director (and Delegates) 4. The Head Start Director (and Delegates)

Topic	Key Concepts
	5. The Financial Manager 6. The Accountant(s) 7. The Payroll Manager 8. The Bookkeeper(s)

The Fiscal Process Simplified

Grant Application Approved by ACYF and Funds Disbursed to Grantee

Grant Funds Received from ACYF and Deposited in the Bank

Accounts Payable Cycle

1. Approval given for purchase of needed goods & services
2. Goods/Services purchased on credit with pre-numbered Purchase Order (P.O.)
3. Invoice received from vendor
4. Copy of P.O. is attached to invoice
5. Check request authorized and check prepared
6. Check is signed and payment sent to vendor
7. Proper journal entries are made

Payroll Cycle

1. Employee submits time sheet to supervisor
2. Supervisor authorizes time sheet & forwards to payroll office
3. Payroll manager refers to each employee's file folder
4. Entries made in payroll journal for deductions, leave, etc.
5. Payroll checks prepared and signed
6. Checks distributed
7. Payroll taxes prepared and paid quarterly

Bank Reconciliations
Journal/Ledger Posted
Trial Balance Drawn
Financial Reports Prepared

Fiscal Roles in Your Organization

Handout #1, "Identifying Who's Responsible By Job Title," is used for this activity. Discussion group size for optimum participation should be no more than 5 or 6. If participants don't know who is accountable for the various responsibilities listed on the handout, suggest that they find out after the workshop. Some suggestions for getting the information are: 1) ask the Head Start Director or Finance Director or 2) review job descriptions of the individuals who normally have a financial management role.

The point of the exercise is to familiarize participants with the various functions and duties in financial management as well as to clarify role responsibilities in their own organization.

MONITORING PLANNED VS ACTUAL EXPENDITURES

Topic	Key Concepts
The Importance of Budget Monitoring	One of the most critical areas of financial management is the monitoring of the budget comparing planned expenditures with actual expenditures so that adjustments to the budget can be made. Everyone involved in any aspect of financial management should understand how to monitor the budget by making comparisons of planned vs actual expenditures.
The Monthly Financial Report	The Director should receive a monthly report from the Fiscal Department which gives figures of all the expenditures paid for the month. These figures are reported by line item or category such as personnel, fringe benefits, supplies, etc. In addition to providing the totals of monthly expenditures paid, the Fiscal Department may also include on the report other budget information such as Total Amount Budgeted, Current Month's Expenses, Year to Date Expenses, Budget Funds Remaining. It is recommended that an additional column be included for the Director to make projections of upcoming expenses for each line item. Such projections allow for a "red flag" warning system

to be built in which can alert of possible over or under expended line items. With adequate lead time, budget adjustments can then be made.

Handout #2 is a Budget Monitoring Exercise that participants can work on individually or, if they prefer, in pairs. After they have completed the exercise, the answers should be compared and a brief discussion held on which line items should be "red flagged" and carefully monitored.

Case Study, Our Child Care Center, Inc.

Handout #3 contains all the information necessary for the case study. Instruct participants to first read the case study, then discuss it among themselves and answer the questions at the end. It is not necessary for participants to make any financial calculations. The purpose of the case study discussion is to generate possible solutions, exchange ideas and experiences and relate the situation described to their own situation.

Classifying Budget Items By Fixed, Variable and Stepwise Costs

Topic	Key Concepts
Classification is a way to describe costs	One good way to help "study" a budget so that it is understood (i.e. the kinds of costs necessary to operate a child care center) is to classify the items listed in a budget. There are numerous ways to classify cost. Some words that describe various classifications are: fixed costs, overhead, period costs, nonvariable costs.....flexible costs and nonflexible costs...administrative costs and program costs.....indirect costs and direct costs...variable costs and stepwise costs.
Various descriptions of costs	
Definitions of FIXED, VARIABLE AND STEPWISE	To simplify learning, define and study today's budget lesson in terms of three classifications (REFER PARTICIPANTS TO HANDOUT #4 and Read definition together.)

Budget Classification Exercise

Instructions for the exercise are given in Handout #5. After participants have completed the exercise give the following totals for each column:

	Before Rent Increase	After Rent Increase
FIXED TOTAL	19,448	23,448
VARIABLE TOTAL	55,000	55,000
STEPWISE TOTAL	19,176	19,176

Ask how many participants agree with these figures. How many disagree? Discuss classification of each cost item.

Director	12,000	Fixed
Teachers	30,000	Stepwise
Aide/Driver	25,000	Stepwise
Rent	4,000	Fixed
Utilities	2,400	Fixed
Educ. Spls	6,000	Variable
Office Spls	360	Fixed
Cleaning Spls	240	Fixed
Food	6,000	Variable
Transportation	6,976	Variable
Pupil Insur.	200	Variable
Audit	448	Fixed

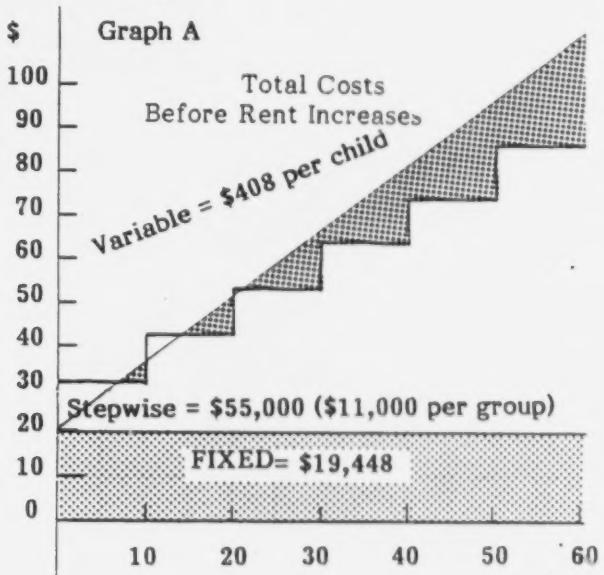
Ask participants why office and cleaning supplies would be fixed. There may be disagreement on this. If so, acknowledge that it may be a gray area. The important issue is that all costs be classified so that decisions and comparisons can be made.

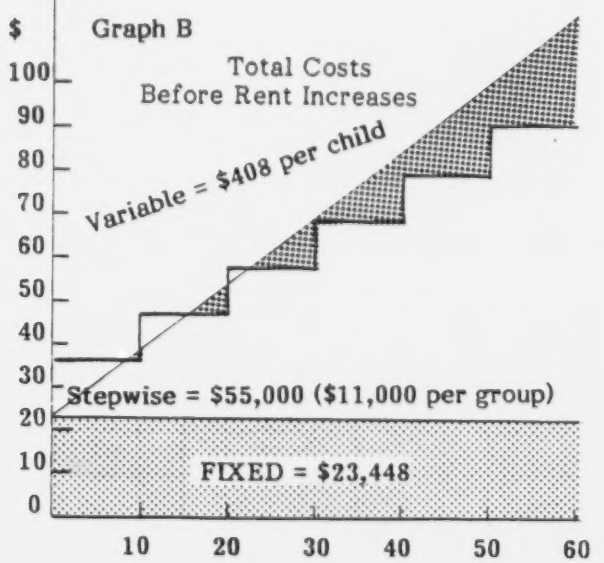
Review of Concepts Learned

Topic	Concepts To Review
Financial Management Roles	Each organization operates on a slightly different basis in assigning financial roles and responsibilities. In your organization, who are the people with the major financial management roles? Who does staff go to when supplies are needed? How is a major financial commitment made, such as purchasing a new vehicle or moving into or out of a location?
Monitoring the Budget	Making regular comparisons of "Planned vs Actual" expenditures is a good way to monitor the budget. The monthly financial report should provide all the information necessary. What are some of the columns that should be included on a monthly report? What can be accomplished by comparing budget figures on a regular basis?
Making financial decisions	Financial decision-makers often have to make the best of a bad situation. How can the impact of important decisions be carefully considered before the decision is made?
Classification of Costs	Why is it useful to classify Budget items and costs? Identify some fixed costs.....variable costs.....stepwise costs.

Introduction to Graphs

One way to get a visual picture of costs is by using a graph. Sometimes this sort of visual presentation is very useful in understanding the relationships of costs. It is often difficult to get a feel for cost impact by simply looking at numbers. The two graphs below show the effect of classifying the costs for our Child Care Center. (The Graphs are enlarged in the Appendix and can be copied onto transparencies.)





Another way to look at costs...

Cost per child = Total Cost # children enrolled

Before Rent Increase 93,624 47 children = $1992

After Rent Increase 97,624 47 children = $2077

The rent increase of $4,000.00 causes the cost per child to increase from $1992.00 per child per year to $2077.00 per child per year.

Break-Even Analysis

Topic	Key Concepts
Definition	Break-even Analysis is a method to determine the point at which costs equal revenue.
What is income	In Head Start, many programs rely exclusively on federal funds to meet program costs. On the other hand, some Head Start programs may serve one group of qualified children with federal funds; another group of children with costs being subsidized by the State (Title XX funds); and perhaps another group of children whose parents pay regular fees. When programs collect Fees to cover program costs, these fees are called "REVENUE." Another word for Revenue is income or "program income." Still some programs use the term "grant funds" to describe their revenue or income. Regardless of the term that describes the funds used to cover expenses, the magic formula to keep the budget balanced is...
The magic formula	COSTS EQUAL REVENUES When costs exceed revenues, as in Our Child Care Center Case study, immediate steps must be taken to correct the imbalance.
Purpose of Break-even Analysis	One technique available to decision-makers is Break-even Analysis--where you want to determine at what point of volume will costs equal revenue. "Volume" may seem to be an odd way to refer to the number of children served in a Child Care program, but it keeps the terms basic and simple.

Scenario A

Here are other examples of how to use Break-even Analysis in Child Care Programs.

Fundraising Examples

The Parent Policy Council has decided to raise money. They want to have a dance and charge admission for about a hundred people.

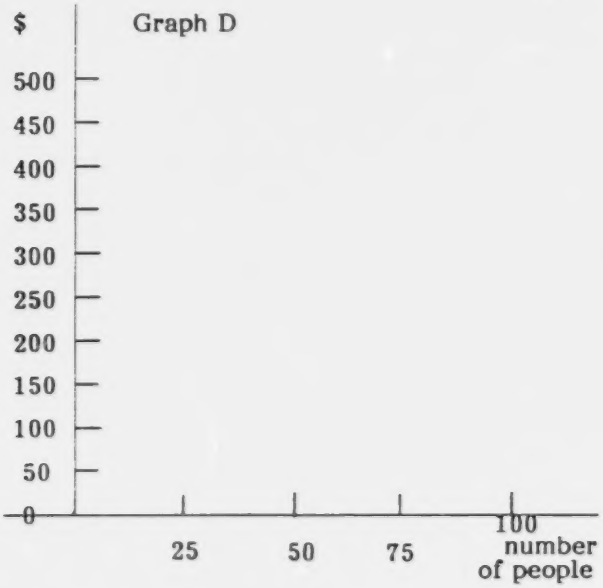
Their fixed costs would be:

Band	$200.00
Rent Firehall	$50.00
	$250.00

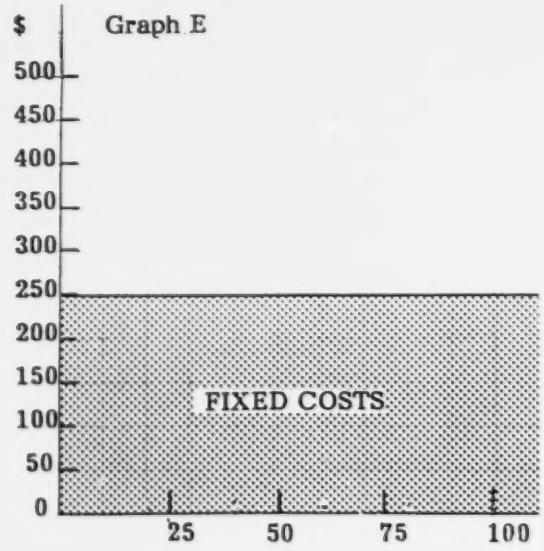
The Revenue would be:
Admission $5.00 per person

How many people must come and pay the admission for the dance to Break-even?

Put dollars on the vertical axis and volume (number of people) on the horizontal axis. (on Graph D)



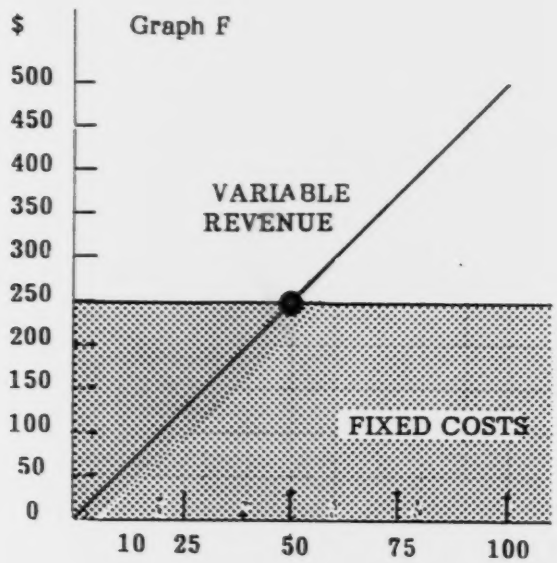
Next add the Fixed costs to the Graph (Graph E)



Next add the variable revenue line starting at the zero point in the lower left hand of the graph. Figure variable revenue by multiplying number of persons X admission...

1 person x $5 = $5.00
2 persons x $5 = $10.00
10 persons x $5 = $50.00
25 persons x $5 = $125.00
75 pesons x $5 = $375.00

Put these points on the graph and then connect the points by a line



Now determine the Break-even volume by looking at Graph F to see the number of people on the bottom horizontal axis at the point where costs and revenues meet.

What is the Break-even volume?

So the Policy Council breaks even at 50 people; they profit or raise money for all the admission paying dancers over the first 50. So if they do get a turn out of 100 who pay $5.00 admission, they make $250.00!

Applications of Break-Even Analysis

Ask participants to pose an example of a problem that could be solved using Break-even analysis.

Help them get started by brainstorming situations at home, at work, on vacation, in the center, grocery shopping, menu planning, doing volunteer work, balancing the family budget, church activities, etc.

If examples are generated this way, here is how to get started. Ask participants to try to set up their own graph with the vertical axis representing cost or money and the horizontal axis representing volume, quantity or number.

If no examples are generated, use one or two of the following examples:

Example 1

Your church wants to raise money to buy Christmas presents for needy families. One idea is to make and sell Christmas tree ornaments. The materials to make the ornaments cost $30.00 and the ornaments will sell for $3.00 each. How many ornaments must be sold to break-even?

Example 2

For vacation this summer your family wants to go to the beach. The total cost for the whole family to go is $200.00. You have been saving $20.00 a week towards the vacation. How many weeks must you save to break-even?

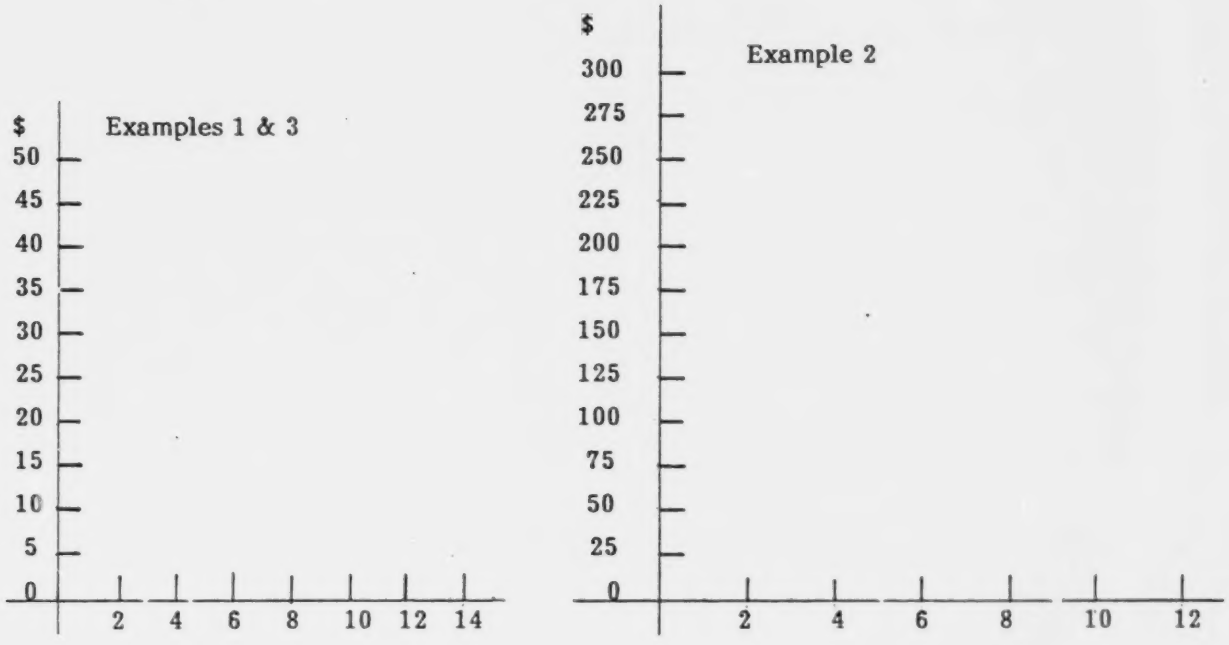
Example 3

The high school decides to sponsor a car wash to raise money for the senior trip. The car wash expenses are $12.00 for soap, rags, and everything. They will charge $2.00 per car. How many cars must they wash to break even?

Guide to Set up Graph for Break-even Analysis

Step a

Place vertical axis representing money and horizontal axis representing number



Step b

Considering amounts given in the example, fill in dollar amounts on vertical axis and quantity (volume) amounts on horizontal axis.

Step c

Place dots on graph to represent fixed costs; then connect dots with line. Line will be straight horizontally across graph. Shade in area of fixed costs if you wish.

Step d

Figure variable revenue (or cost) by multiplying different quantities by the dollar amount given.

1 x $ =
2 x $ =
5 x $ =
10 x $ =
etc.

Step e

After these quantities are calculated, place dots on the graph to represent the variable revenue (or cost) line. Connect the dots with a diagonal line starting in the lower left-hand corner of the graph.

Step f

The Break-even point is the quantity at which the diagonal variable line intersects with the horizontal fixed cost line.

Summary and Evaluation

Topic	Key Concepts
Summary	Review that during the workshop, participants:
	Discussed and recommended financial strategies involved in center operations
	Classified budget items by fixed, stepwise and variable cost
	Used break-even analysis to determine the impact of costs in center operations
Evaluation	Use a written evaluation form of your choice and allow participants time to discuss their reactions to the material and techniques.

Bibliography

Herren, Joan K and Mark Kulwicki. How to Write Your Own Fiscal Procedures. College Park, Md: Head Start Resource and Training Center, 1984

"Introduction To Financial Management; A Question of Money." North Carolina Office of Day Care Services, Telecommunications Project (Videotape), 1984.

Vestal, Anita. Head Start Cost Analysis Series. College Park, Md: Head Start Resource and Training Center, 1983.

FISCAL MANAGEMENT

IDENTIFYING WHO'S RESPONSIBLE BY JOB TITLE

TYPICAL JOB RESPONSIBILITIES BY TITLE		WHO DOES THIS IN YOUR PROGRAM?
The Funding Source (Federal Government)	1. Approves purchase of equipment over $500.00 2. Approves Financial Reports required in funding contract 3. Approves Grant Proposal Budget	
The Head Start Board	1. Signs checks 2. Approves purchase of equipment 3. Approves Monthly Report 4. Approves Grant Proposal Budget	
The Executive Director	1. Reviews the record of cash and/or check receipts 2. Approves purchase of equipment 3. Approves the inventory list 4. Reviews the Monthly Report before the Board approves it 5. Signs Financial Reports before they are sent to the Funding Source 6. Prepares Grant Proposal Budget	
The Finance Director	1. Receives and Deposits cash and/or checks 2. Reviews approved requests for supplies 3. Approves purchase orders ($20.00 or more) 4. Approves payment vouchers and invoices 5. Approves verified travel forms 6. Reviews and disburses checks 7. Receives and reconciles bank statements 8. Approves verified time sheets 9. Approves payroll, delivers it to bank, and disburses payroll 10. Prepares and approves Tax Reports	

FISCAL MANAGEMENT

IDENTIFYING WHO'S RESPONSIBLE BY JOB TITLE

TYPICAL JOB RESPONSIBILITIES BY TITLE		WHO DOES THIS IN YOUR PROGRAM?
The Finance Director (continued)	11. Reviews payroll change reports	
	12. Verifies and approves in-kind contributions (volunteer and/or donation)	
	13. Reviews approved requests for purchase of equipment	
	14. Reviews inventory list	
	15. Approves general journal entries	
	16. Reviews general ledger entries	
	17. Reviews monthly reports to the Board	
	18. Prepares Financial Reports to the Funding Source	
	19. Approves reconciled telephone log	
	20. Prepares Grant Proposal Budget with Director	
The Bookkeeper	1. Records cash and/or check receipts	
	2. Prepares and verifies payment voucher and invoice	
	3. Verifies approved travel forms	
	4. Types, records and files checks	
	5. Verifies approved time sheets	
	6. Prepares payroll form, records payroll data and files	
	7. Types tax reports	
	8. Makes changes in payroll change report and files	
	9. Makes general journal in-kind contribution entry and files	
	10. Prepares general journal entries	
	11. Posts general journal entries in the general ledger and prepares trial balance	
	12. Prepares and types Monthly Report for the Board	

FISCAL MANAGEMENT

IDENTIFYING WHO'S RESPONSIBLE BY JOB TITLE

TYPICAL JOB RESPONSIBILITIES BY TITLE		WHO DOES THIS IN YOUR PROGRAM?
The Bookkeeper (continued)	13. Types Financial Reports for the Funding Source 14. Reconciles telephone log 15. Types Grant Proposal Budget	
The Financial Administrative Assistant	1. Purchases, receives and disburses supplies 2. Types purchase orders, receives and disburses purchases 3. Types requests for purchases of equipment, identifies equipment with Head Start program mark upon arrival, enters receipt in property ledger 4. Prepares and types inventory list	
The Program Directors	1. Approves requests for supplies 2. Approves purchase order requests (over $20.00) 3. Approves payment vouchers and invoices 4. Approves travel forms 5. Approves time sheets 6. Prepares and signs payroll change report 7. Approves in-kind contributions 8. Prepares inventory list 9. Approves purchase of equipment 10. Reviews Monthly Reports to the Board 11. Reviews telephone log 12. Prepares Grant Proposal Budget	
The Staff/Employees	1. Requests supplies 2. Requests purchases (purchase orders) ($20.00) 3. Prepares travel forms 4. Prepares time sheets 5. Prepares list of in-kind contributions 6. Requests purchase of equipment 7. Prepares telephone log	

BUDGET MONITORING EXERCISE

Assume that you are a member of the Budget Committee of _____ Head Start program.
Attached is a budget Monitoring Form for the Head Start Program. Categories of expenses and the total budget for the current year have been inserted. The year's budget for each category has been distributed among each of the four quarters of the years as "planned expenses." Additionally, for the first quarter of the year, entries have been made for actual expenses and the deviation of actual expenses from planned expenses.
The following are the actual expenses for the second quarter of the year:

1.	Personnel	$19,500
2.	Supplies	1,000
3.	Equipment	3,000
4.	Other	475
5.	Travel	2,700
	Total	$26,675

First Requirements of the Exercise

1. Fill in actual expenses in the appropriate column in the second quarter.

2. Add each of the above actual expenditures for the second quarter to the appropriate figure for that item of actual expenses in the first and complete the column of actual expenses for the year to date. This represents the expenses for the first 6 months of program operations.

3. For the second quarter, determine the deviations of the actual expenditures from the planned and insert such figures on the appropriate line in the appropriate column.

4. For the year to date, determine the deviations of the actual expenses from the planned and insert such figures on the appropriate line and in the appropriate column.

5. According to your planned expenses, indicate below which category you overspent or underspent at the end of the second quarter.

OVERSPENT UNDERSPENT

_____

_____

_____

_____

_____

SAMPLE BUDGET MONITORING FORM

Budget Categories	Total Budget for year	1st QUARTER			2nd QUARTER			YEAR TO DATE			Comment
		Planned	Actual	Deviation	Planned	Actual	Deviation	Planned	Actual	Deviation	
Personnel	76,760	19,000	18,000	1,000 underspent	19,000			38,000			
Supplies	4,000	1,000	900	100 underspent	1,000			2,000			
Equipment	13,800	3,450	3,750		3,450			6,900			
Other costs	2,300	575	575		575			1,150			
Travel	8,500	2,000	2,300		2,250			4,250			
Total	105,360	26,025	25,525		26,275			52,300			

Handout #3

CASE STUDY

Our Child Care Center, Inc. is located in anywhere, U.S.A. The facility is leased and can accommodate up to 65 children. The center has had a license to operate since its founding in 1973. Our Child Care Center offers full-day services to 4-year old preschool children.

Currently there are 47 children enrolled. A minimum 1:10 staff:child ratio and group size not to exceed 10 is always maintained. Parents feel positive about the program and confident about the director.

The center operates on a very thin margin. Any major change in cost is a very serious matter and could place the center's finances in jeopardy. Just today the director received a certified letter from the landlord stating that effective in 30 days, the rent would be increased $4,000, doubling from $333.33 a month to $666.67 a month. She alerts the Poliy Council and an emergency session is called by the Chair.

The Policy Council is unanimous in its decision not to relocate. The Chairperson asks for suggestions from the members to either raise the additional funds or make revisions in the current budget.

As a Policy Council member, what kinds of financial management questions would you ask? What kinds of issues may be raised if the program must reduce or eliminate some services to meet the additional rent costs? Are you familiar with a similar situation in your child development program? How was it resolved? List several options to be explored by Our Child Care Center.

Time: 25 minutes to discuss in small group; 10 minutes to report to larger group

Case Study developed by North Carolina Office of Day Care Services

Handout #4

FIXED COSTS - items that are not affected by the number of children served

VARIABLE COSTS - costs that vary according to the number of children served

STEPWISE COSTS - based on staff:child ratios and group size.

FIXED, STEPWISE AND VARIABLE COSTS

Variable costs and fixed costs are usually defined in terms of how a total cost changes in relation to fluctuations in volume. Another way to refer to volume is the quantity of some selected activity, and in Head Start there could be a number of situations, such as...

VARIABLE COST	QUANTITY OF ACTIVITY (volume)
vehicle gas and oil	number of miles driven
food costs	number of meals served
educational supplies	number of children served
pupil insurance	number of children enrolled

Variable costs are uniform per unit, but their total fluctuates in direct proportion to the total of the related activity.

A fixed cost does not change in total, but becomes progressively smaller on a per unit basis as volume increases. Examples of fixed costs in Head Start programs might be rent, some utilities, audit and legal fees and administrative salaries.

The term Stepwise costs is used to describe costs directly associated with a defined cluster, department, or in Head Start, a group of children. Stepwise costs may increase with each group of children based on the staff: child ratio. In the case of Our Child Care Center, the Stepwise costs are the salaries of teachers and aides.

Handout #5

Our Child Care Center, Inc.
Anywhere U.S.A.
Operating Budget

PERSONNEL

Salaries and Fringe Benefits:

1)	Director	12,000
2)	Teachers @10,000	30,000
3)	Aide/Drivers @8,333	25,000

OCCUPANCY

Rent @ $333/month	4,000
Utilities @ $200/month	2,400

SUPPLIES

Educational supplies	6,000
Office supplies	360
Cleaning supplies	240
Food (non-reimbursable)	6,000
Transportation	6,976
Pupil Insurance	200
Audit	448
TOTAL OPERATING BUDGET Before Rent Increase =	93,624
After Rent Increase =	+4,000
	97,624

Directions: In the margin next to each line item, classify the item as FIXED, VARIABLE OR STEPWISE (these terms are defined in Handout #4). Then list each cost below in the appropriate column and total the costs in each column.

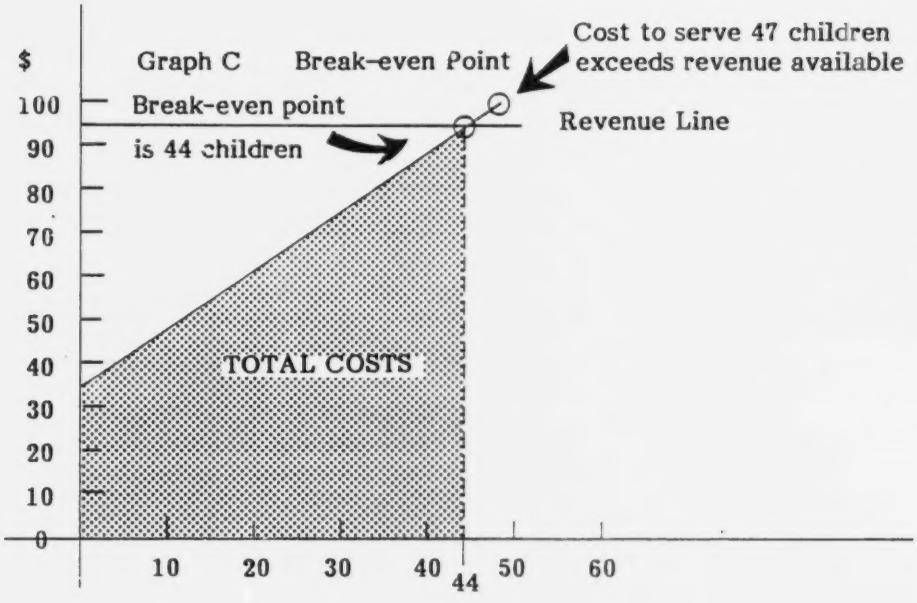
FIXED	VARIABLE	STEPWISE
Fixed Total:	Variable Total:	Stepwise Total:

Time: 20 minutes to complete exercise

Handout #6

Graph Illustration of Break-Even Point

The Break-even point can be illustrated in graph form where total revenue of $93,624 is a bold horizontal line and total costs after the rent increase are shown vertically by groups of 10.



Finding the Break-Even Point

The point where the revenue line crosses the cost line is the break-even point. Follow the broken line from the Break-even point to the bottom horizontal axis, which shows total volume. See that the Break-even volume is 44 children.

If Our Child Care Center cannot raise the additional $4,000.00 to cover the rent increase, they would have to reduce enrollment by 3 children, from 47 to 44, to be sure that their costs and revenue break-even.

Handout #7

Scenario B

The Policy Council feels quite sure it can attract more than 50 Admission paying dance-goers. They decide to sell refreshments and make some extra money at the dance. They'll offer popcorn and punch.

The fixed costs are:

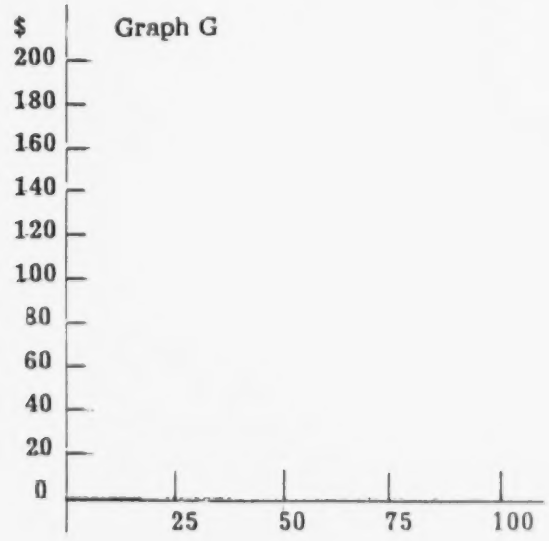
rental of popcorn popper	$20.00
popcorn kernels	$25.00
punch	$20.00
paper cups	$15.00
	$80.00

The variable revenue would be:

popcorn	$1.00
punch	.60
	$1.60

How many orders of popcorn and punch must be sold to break even?

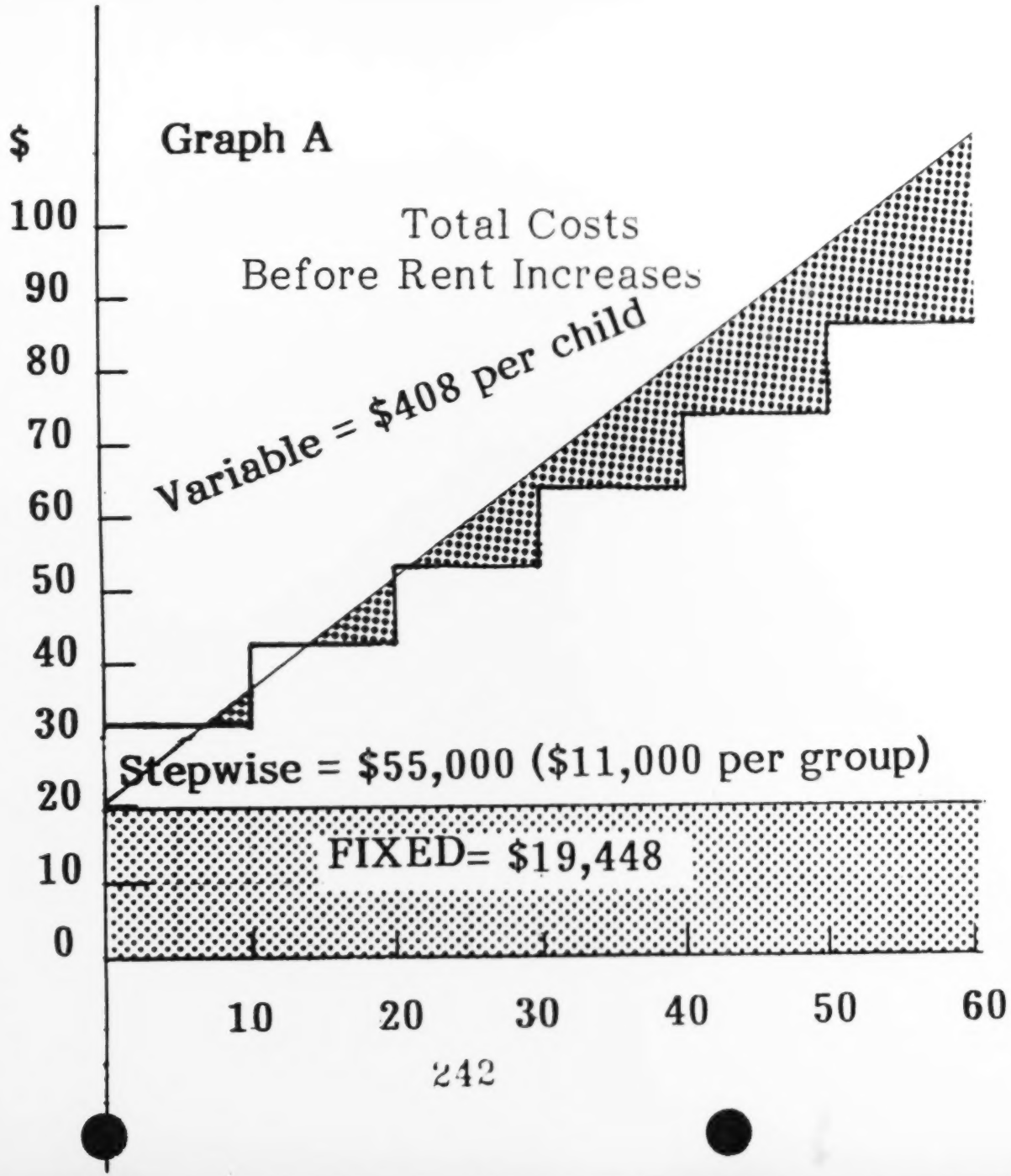
This time you fill in the graph. Start with fixed cost; then the variable revenue points connected with a line

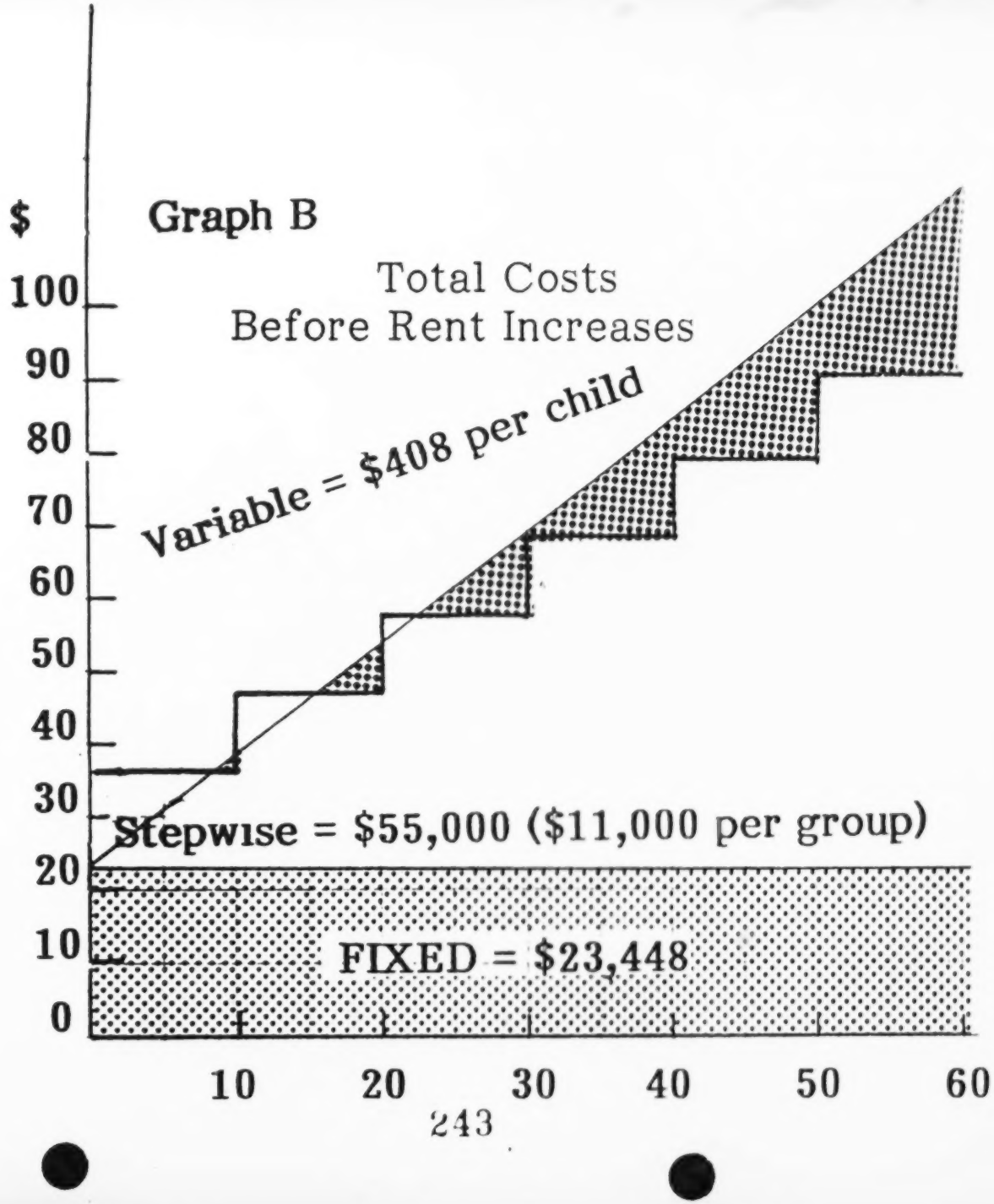


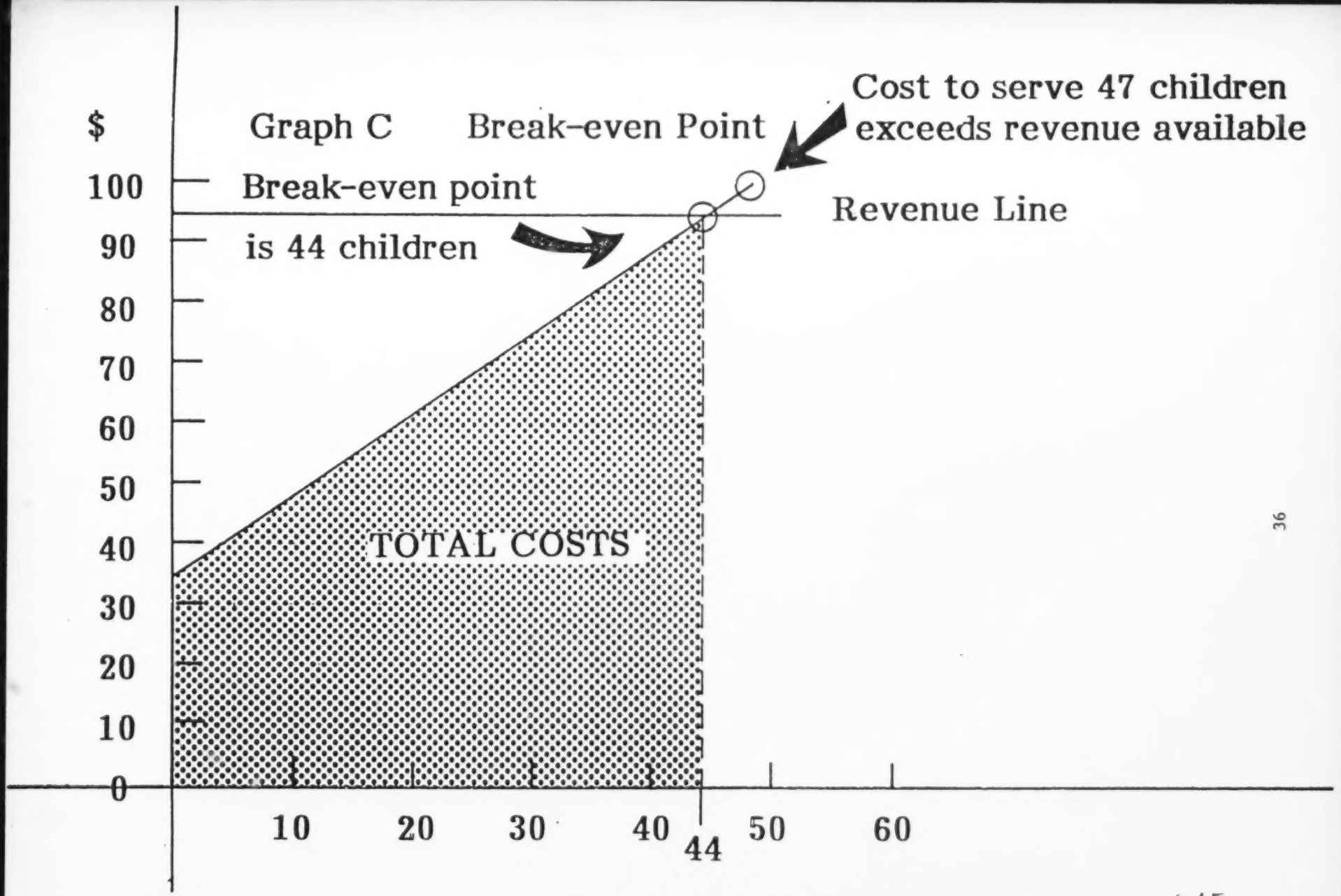
After you've filled in graph G with the fixed costs and the variable revenue, you'll see the break-even volume of 50 orders of popcorn and punch. Whatever is sold over the first 50 orders is profit.

Appendix

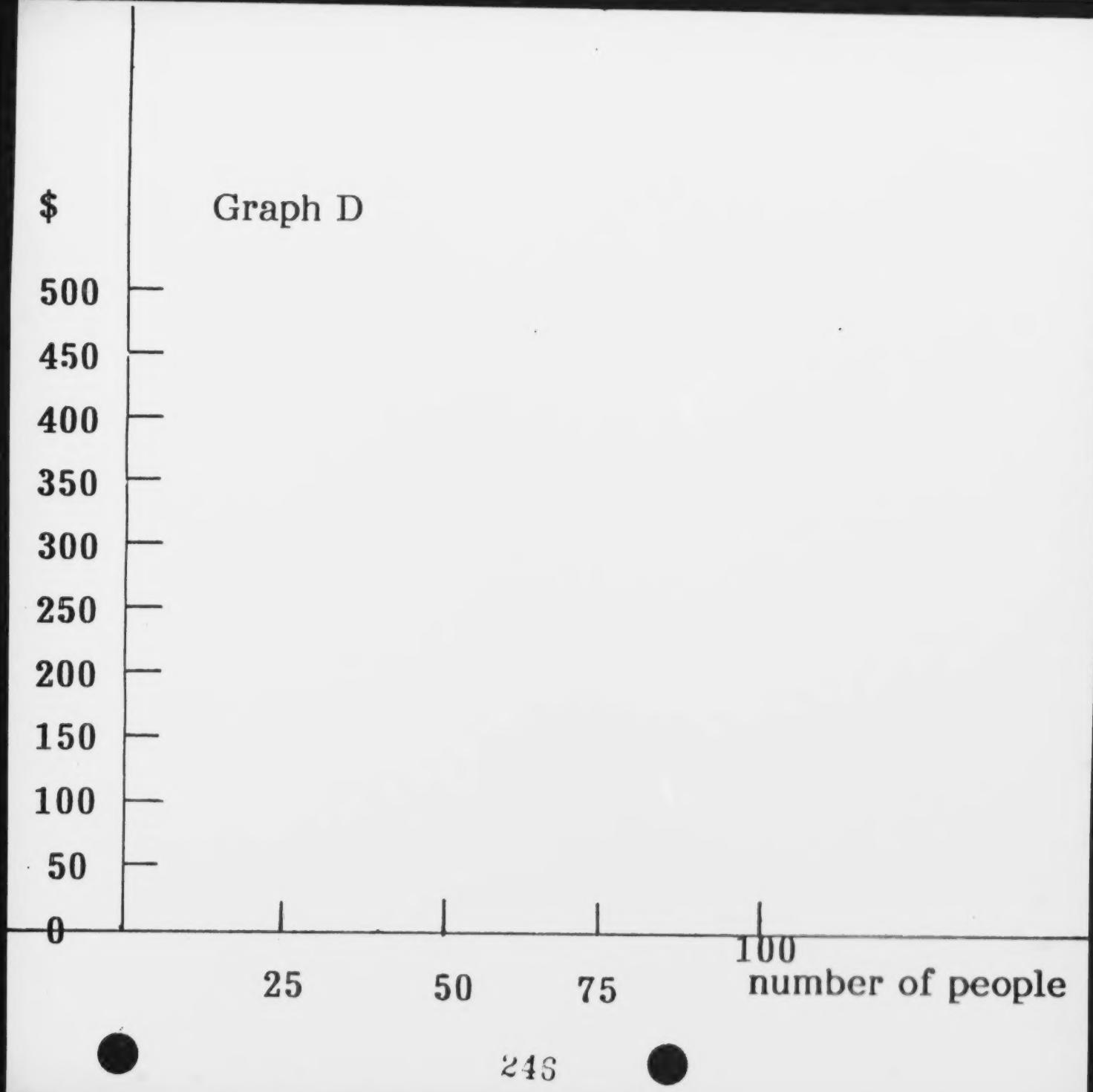
The enlargements of all graphs illustrated in the module are included to be used as visual aids. They may be copied onto transparencies for use with an overhead projector or used in another manner if desired.


$
Graph A
100
90
80
70
60
50
40
30
20
10
0
Total Costs
Before Rent Increases
Variable = $408 per child
Stepwise = $55,000 ($11,000 per group)
FIXED= $19,448
10
20
30
40
50
60

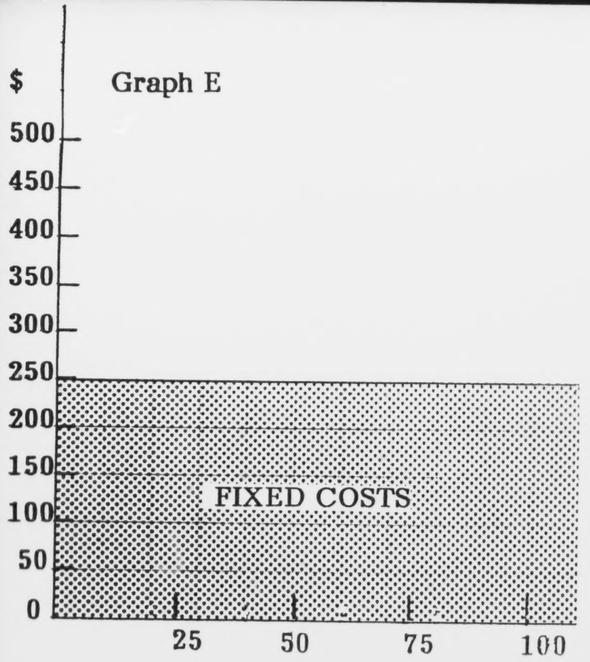

$
Graph B
Total Costs
Before Rent Increases
100
90
80
70
60
50
40
30
20
10
0
Variable = $408 per child
Stepwise = $55,000 ($11,000 per group)
FIXED = $23,448
10
20
30
40
50
60


$
Graph C
Break-even Point
Cost to serve 47 children exceeds revenue available
100
Break-even point
Revenue Line
90
is 44 children
80
70
60
50
40
TOTAL COSTS
30
20
10
0
10
20
30
40
44
50
60

36

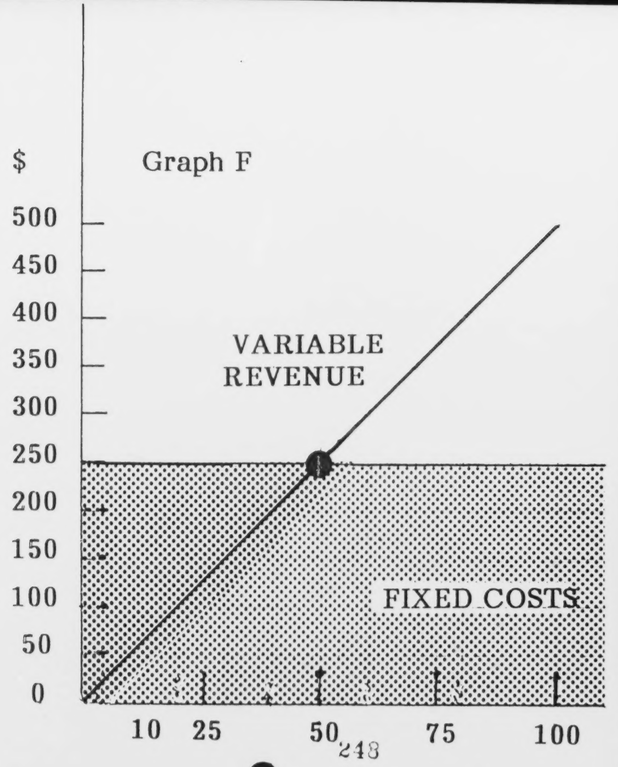

$
Graph D
500
450
400
350
300
250
200
150
100
50
0
25
50
75
100
number of people

Graph E



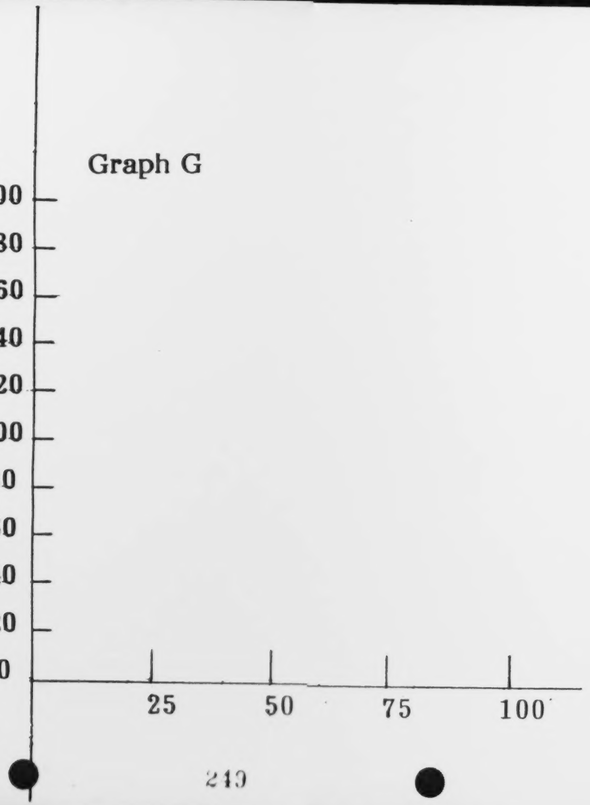
247

Graph F



248

Graph G



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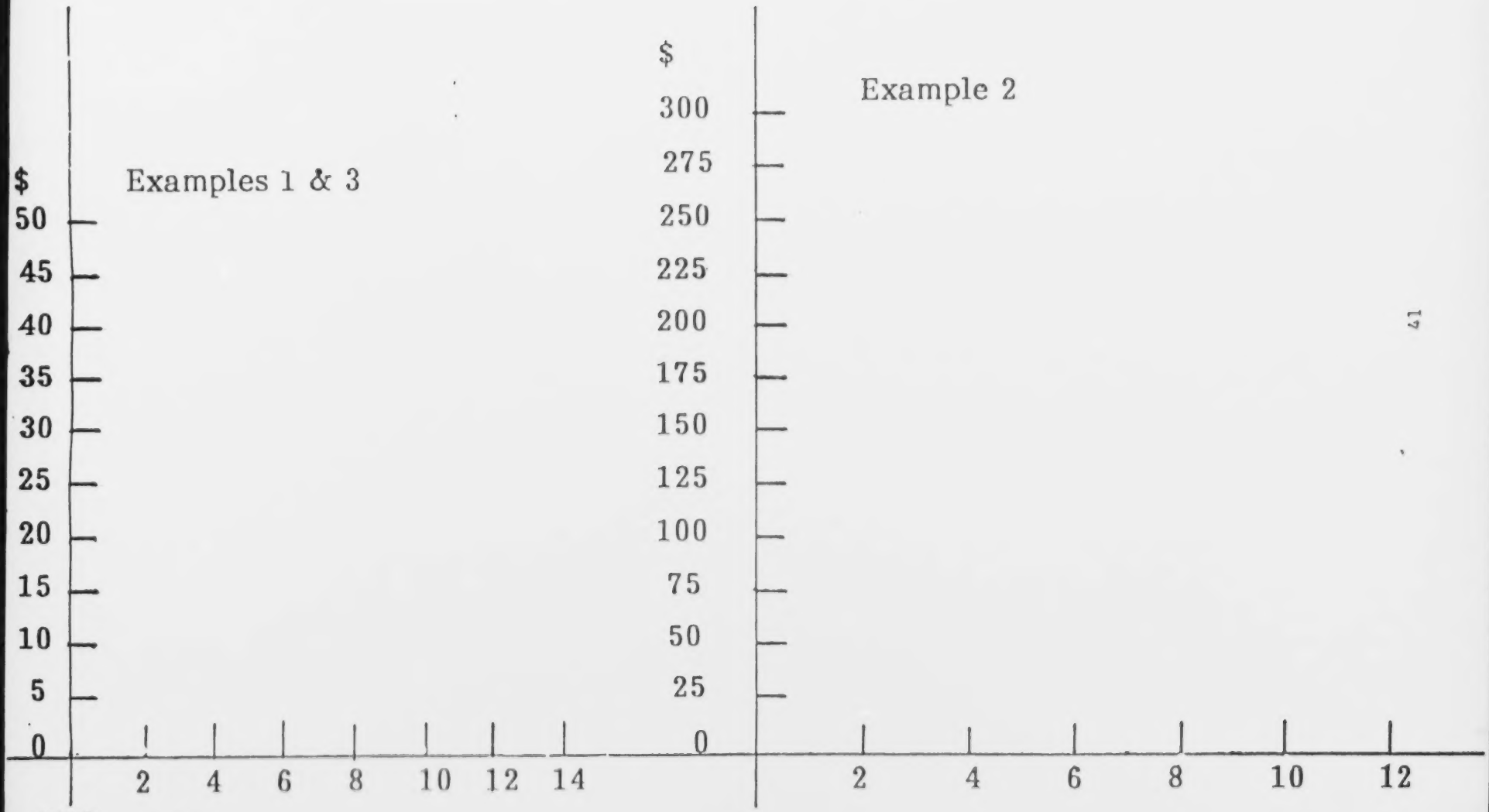
Examples 1 & 3
$
50
45
40
35
30
25
20
15
10
5
0
2
4
6
8
10
12
14
Example 2
$
300
275
250
225
200
175
150
125
100
75
50
25
0
2
4
6
8
10
12